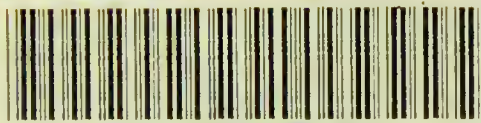


Asylums on the
Continent.



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LANCASHIRE ASYLUMS BOARD.

REPORT OF A DEPUTATION

CONSISTING OF

Alderman T. H. JENKINS, J.P., *Vice-Chairman of the Board,*

Dr. D. M. CASSIDY, *Superintendent of the Lancaster Asylum,* and

Dr. JOSEPH WIGLESWORTH, *Superintendent of the Rainhill Asylum,*

APPOINTED TO VISIT

ASYLUMS ON THE CONTINENT,

WITH

RECOMMENDATIONS REGARDING THE BUILDING OF A NEW (SIXTH) LANCASHIRE ASYLUM.

PUBLISHED BY THE LANCASHIRE ASYLUMS BOARD,
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PREFACE.

TO THE LANCASHIRE ASYLUMS BOARD.

WE have the honour to offer to the Board the following report of our visit to Asylums on the Continent.

We do so with some diffidence, feeling that if we had spent more time on our visits to the Continental Asylums, and if we had taken more time in the preparation of our report, we might have made it more complete and more instructive.

As regards the former we felt there were limitations, and as to the latter we were anxious to present our report at the earliest possible moment, knowing well that the Board expected it.

We endeavoured, however, to make the best possible use of our time while abroad, and we can only present the information thus obtained and the conclusions we arrived at in such a way as will we trust be of some use to the Board.

We desire to acknowledge our obligation to Dr. RHODES and his co-editor and publishers, for their permission to use for our purpose some of the blocks prepared to illustrate their work, "On the treatment of Imbeciles and Epileptics."

T. H. JENKINS.
D. M. CASSIDY.
J. WIGLESWORTH.

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LANCASHIRE ASYLUMS BOARD.

REPORT OF THE VISIT OF THE DEPUTATION

APPOINTED TO VISIT

ASYLUMS ABROAD.

PRELIMINARY REMARKS.

There is a growing indisposition in Germany, as Sir H. C. Burdett remarks in his book on "Hospitals and Asylums of the World," to call lunatics lunatics, and asylums asylums.

The former are called "*Psychisch-Kranke*," mentally sick, or simply "*Kranke*," sick ; the Asylum is an "*Irren-Anstalt*," an institution for the mentally erring, or a "*Krankenhaus*," or a "*Siechenhaus der geistig siechen*," hospital for the sick in mind, and the forms of disease included under the term insanity are "*Psychiatrische-Krankheiten*."

It is consistent with this that there is also a pretty general departure in all the newer German asylums from the old type of construction, and a very general adoption of the Segregated or Villa Colony plan.

Some of the most highly reputed of the modern asylums are almost exclusively on this plan, and there are few of the older asylums where it has not been adopted more or less by the addition of villas or a small colony when additions have been required. Six of the ten German asylums which we visited were thus arranged, and we heard others mentioned and commended which the time at our disposal did not permit us to visit. We made particular enquiries in the course of our visits to these Villa or Colony Institutions as to the following :—

1. The initial cost per head of buildings and land.
2. The cost of maintenance.
3. The average number of escapes.
4. The occurrence of suicides or accidents.
5. The supervision of epileptics at night.

Before entering into the detailed description of the asylums visited, it may be well to make a few remarks on Lunacy and Asylums in general in Germany.

There are three classes of public asylums :—

- (a) Crown or State Asylums under the direct control of the Minister of the Interior.
- (b) Provincial, which correspond with our County Asylums.
- (c) Municipal or Communal Asylums, corresponding to our Borough Asylums.

There is no special criminal lunatic asylum, but criminals are sent to the ordinary asylums, even to some which are of the Villa or Colony type. There is, however, generally a special wing or “closed” villa for their reception.

In the villas of the Colony Asylums, as in the pavilions of the Pavilion type, there is a general sub-division of these into “closed,” “half-closed,” and “open” or “free,” according to the class of cases occupying them.

Private asylums are much more numerous in proportion to the others than in this country. Some are for epileptics, some profess to be for water-cure of nervous and mental diseases, and some are very large, and the public authorities send their pauper patients in considerable numbers to them. In the large private asylum for epileptics at Carlshof, for instance, the Provincial Governments have 490 patients—probably from want of accommodation in public institutions.

In nearly all the public asylums, on the other hand, provision is made for private patients, generally in two classes at two fixed rates of payment.

We may mention there are also many charitable or charitable-religious institutions receiving and providing for the treatment of cases of insanity and epilepsy, in some instances mixing up with them the so-called toxic-psychoses—namely, cases of alcoholism, morphinism, cocaineism, as well as cases of hysteria, nerve asthenia, and so forth.

Nearly all the public asylums are mixed. They are called in Germany “Heil-und-Pflege-Anstalten,” that is to say “Cure and Care Institutions.” Some are, however, for care alone, *i.e.* “Chronic Asylums.” The following figures, for which we are indebted to a work by Drs. Laehr and Lewald,* are of some interest :—

Population of the German Empire.	Public Asylums.	Physicians of same.	Lunatics in same.	Private Asylums.	Physicians of same.	Lunatics in same.
52,279,901	... 142	... 559	... 55,877	... 120	... 182	... 18,210
Total of Asylums.	Physicians of same.	Lunatics in same.	Proportion of Physicians to Lunatics.	Per 100,000 of Population there are in Asylums.		
262	... 741	... 74,087	... 1 to 105	... 154	or 1 in 688	

* “Die Heil-und-Pflege-Anstalten für Psychisch-Kranke des deutschen Sprachgebietes” (Pub-Reimer, Berlin).

The population of Germany has largely increased in the last twenty years, and the number of lunatics has increased absolutely and, as figures appear to show, relatively.

Many new asylums have been erected, and numerous additions made to those already existing. The following figures show that public appreciation has followed, as in England, asylum extension, improved conditions in asylums and more enlightened views of their advantages.

In proportion to population there was in asylums :—

In 1864.	1874.	1881.	1890.	1898.
One in 1,934 ...	One in 1,561 ...	One in 1,308 ...	One in 843 ...	One in 688.

The pavilion type of asylums is the favourite one in France, as it has hitherto been in Germany.

There is no question, however, that it and every other type is now threatened by the new departure. The pavilions in this type abroad are large blocks containing from 70 to 150 or more patients each, and detached from each other, or only slightly connected by walls or covered ways, rarely by corridors. They are usually uniform in style, and this style on the continent generally inclines to lightness of effect. The pavilions of the German asylums, those we saw at all events, at Herzberge and Grafenberg, though light and pleasing in effect, are not equal in grace and elegance to those recently built in France.

But in all of those we saw it happens that the pavilions are arranged with their long axes parallel and opposite to each other, and, for such an arrangement, too near together.

The result is that the views are circumscribed and the inter-pavilion spaces are too confined. The cost of the pavilion asylums seems to be generally greater than that of the villa colony asylums.

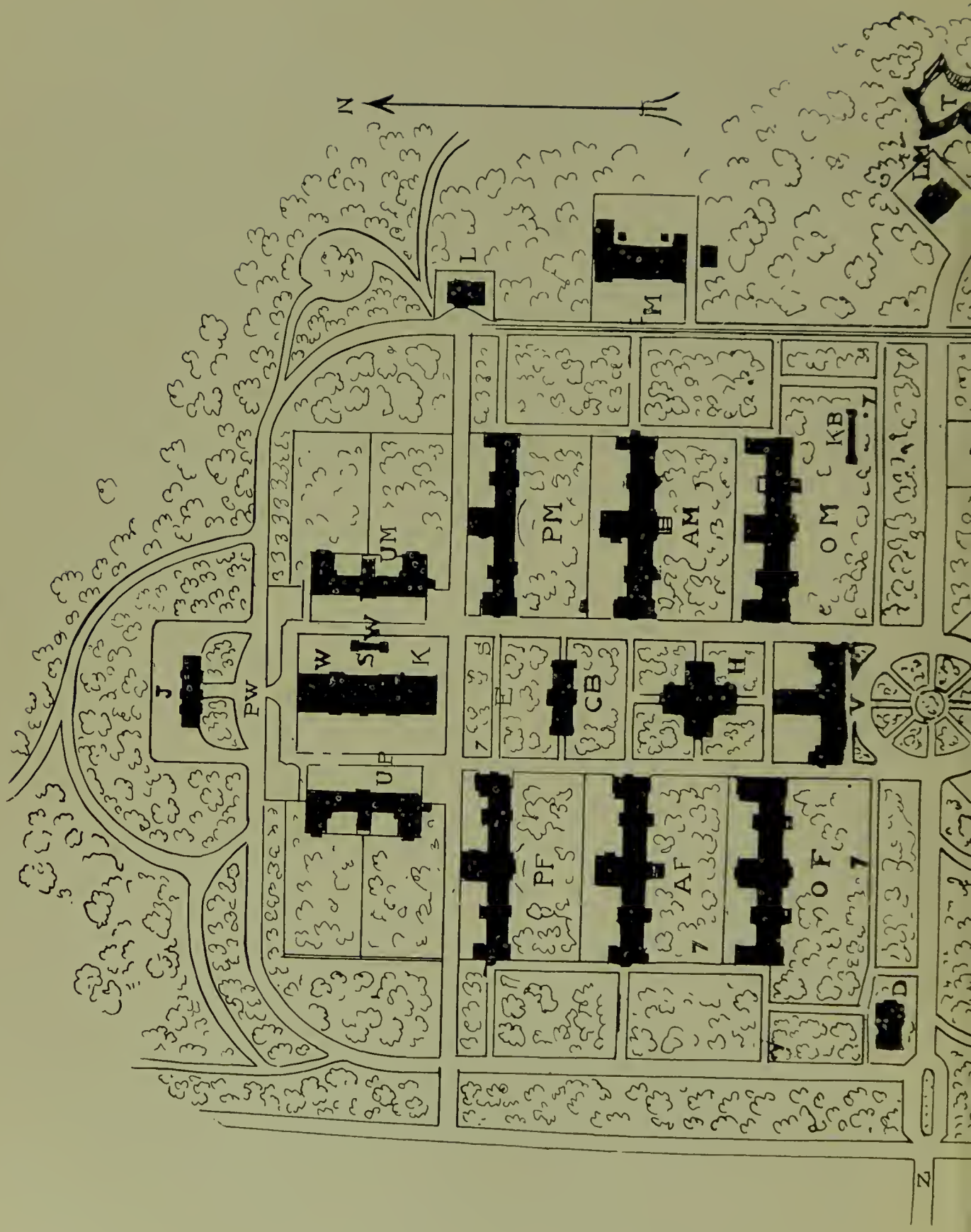
Objections have been made as to the latter :—

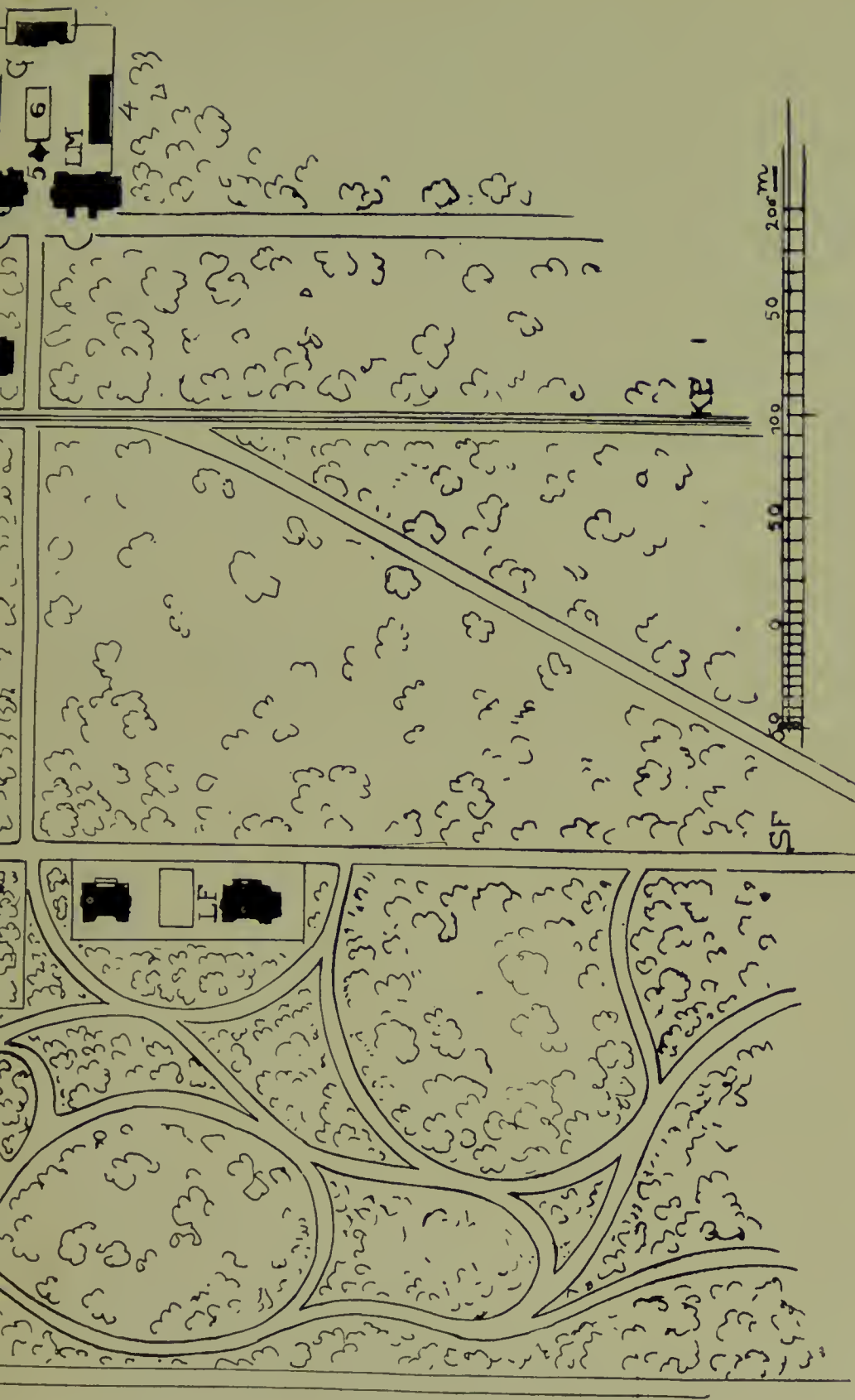
1. That the buildings must cover a relatively larger extent of ground.
2. That a larger proportion of attendants is necessary.
3. That there is more difficulty in exercising control and supervision—
 - (a) Of staff.
 - (b) Of patients, especially of epileptics, and more particularly of the latter at night.
4. That there is greater danger of suicides, escapes, and sexual accidents.
5. That there is difficulty in distributing food, medicines, laundry things, sewing materials, and stores generally, and in checking the consumption or use of such things.

It has also been argued that the increased facility for minute classification of patients, which the villa system undoubtedly affords, is not an unmixed advantage. We only remark here that these objections come mainly from the countries, France and England, where the villa colony system has not been tried, and that they are in the main theoretical. We shall, in due course, set off against them the advantages which we have ascertained to be associated with segregation, and strike as fair a balance as we can. We shall now describe the asylums in the order in which we visited them, reserving our general remarks to conclude this report.

FIG. 1. HERZBERGE ASYLUM.

GROUND PLAN.





UF. Observation and Closed House, Women
PF. Infirm and Intermediate House, "
AF. Admission House, Women.
OF. Open House, "
D. Director's House.
Z. Principal Entrance.
LF. Villas for Women.
J. Infectious Hospital.
PW. Gate Keeper and Weighing House.
W. Laundry.

SW. Sheds for Dinner Wagons.
K. Kitchen.
E. Ice Cellar.
CB. Central Bath House.
H. Workshops.
V. Administration Building.
B. Officials' Dwelling Houses.
SF. Road towards Friedrichsfelde.
UM. Observation and Closed House, Men.
PM. Infirm and Intermediate House, "

AM. Admission House, Men.
OM. Open House, Men.
LM. Villas for Men.
KB. Skittle Alley.
Q. Refuse Destructor.
L. Mortuary and Pathological Laboratory.
M. Boiler and Engine House.
T. Reservoir.
G. Farm Buildings.
KF. Branch Railway.

Herzberge Administration Building.—Note, Walls red with buff lines; Roof red tiles.

HERZBERGE.

The Berlin City Asylum, at Herzberge, in Lichtenberg, near Berlin.

Our first visit, on 21st of April, was to this the newest but one of the Berlin Asylums.

It is on the eastern side of Berlin, and can be best reached by train to Frankfurter-Allee Station, on the Nord-Ring railway, whence a tramway runs close up to the main entrance to the asylum. It is a few miles only from the centre of the city. To our great regret Dr. Moeli, the Director, was away from home attending a Medical Congress in Frankfort, but we received every attention and assistance from Dr. Kortum, the head physician of the male department, and Dr. Krefft, one of the assistant physicians.

The asylum, which stands on an estate of 250 acres, cost £300,000, including the cost of land. Though at the time of our visit there were 1,148 inmates only, we find from the annual report that at the end of the year 1897-98, there were 1,188 patients resident.

Taking, 1,150, however, as the number for which the asylum was intended, the cost of land and buildings amounted to £260 per bed, furnishing not included.

The buildings are of pressed red bricks, with ornamental bands of yellow brick, and a very pleasing decorative effect is thus obtained by simple means. The roofs of the principal buildings are tiled with red tiles. (Ludovici's Patent).

There are no striking or expensive architectural features, yet the general effect is satisfying and good. A view of the principal, the administrative block, is given to indicate the general style of the buildings. (Fig. 2.)

The Institution is divided into the Asylum proper, which is the main portion, and the Villa Colony. The former consists of a series of administrative buildings, and a series of detached pavilions, the latter connected only by an enclosing wall. (See plan, Fig. 1.)

In the middle of the south part lies the administrative building (v on plan), and, in the middle line northwards behind it, a workshop block (H), a general bath house (C B) and the kitchen and laundry block (K W).

On the west side are the women's pavilions, with four separate departments, and 65 yards distance between each pavilion.

On the east side there are corresponding pavilions for men.

The long axes of these large pavilions, and of the administration building which lies, however, more prominently towards the south front, are from east to west.

At the south end, on both sides, are first two "open houses," so-called because they are without locked doors or barred windows. They have an open look out to the south, and free access to the gardens lying on that side (O F and O M).

Behind these are the two admission pavilions (A F, A M), which are "half-open," and those for the care of the infirm and intermediate class which are "lightly barred" (P F, P M). The long axes of these are all, as we have said, in the same direction, and parallel with one another.

A fourth pavilion on each side is placed with its long axis at right angles to the foregoing, and is for criminals and violent cases (U F). It is strongly barred and enclosed in a high wall.

The accommodation and number of attendants in each of these is shown in the following table (taken from Dr. Moeli's book descriptive of this asylum)* :—

	MALES.				FEMALES.			
	Patients.		Attendants		Patients.		Attendants.	
The "open" houses.....	110	.....	10	.....	110	.....	11	
Admission pavilions.....	100	.....	19	.....	100	.....	18	
Infirm and care.....	165	.....	21	.....	165	.....	21	
Criminal and closed.....	60	.....	12	.....	50	.....	10	

These appear to be the numbers and proportions according to rule, but on the day of our visit they were not as given here, but in each pavilion except the last-named, the patients were in excess of their proper numbers. All these pavilions are connected by a high exterior wall, so that this, the asylum proper, is within a definite enclosure walled off from the rest of the buildings and estate.

The two criminal blocks are separately and specially enclosed.

An infectious hospital is situated on the north side, midway, beyond them (1).

There is accommodation for a few working patients in the kitchen and laundry block, and twelve women sleep there.

The spaces between the pavilions are nicely laid out as gardens, with cement walks, and many of the patients do some gardening work in them.

To the south of the principal asylum are seven villas, with accommodation for from 25 to 40 patients in each.

The two (L F) to the westward are for women, 25 in each, and the five towards the east are for men (L M). They afford space for 200 patients altogether, nominally, but actually for more.

In the neighbourhood of the villas for men are the farm buildings, and the farm manager's house. The Director's house (D) is near the main entrance, and the houses of other officials

* Dr. C. Moeli "Die Irren-Anstalt Herzberge mit Bemerkungen," &c.—Pub. Enslin, Berlin.



FIG. 2. HERZBERGE ASYLUM. SKETCH VIEW OF ADMINISTRATIVE BUILDING.

(B B B) are scattered about, two in the grounds to the south, one near the machinery and boiler department, and one at the farm.

The machinery and boiler house (M) with the electric light station are at the east of the asylum.

The parts of the pavilions occupied by patients are the ground floor and the first floor. There is a second floor in the middle part of each, but it is only used for attendants' rooms, stores, and for some reserve rooms for convalescents or sick.

The stairs to the upper floors are everywhere of stone, and they are for the most part covered with linoleum. The walls of the rooms and corridors are painted in light tones, in some cases to a height of five or six feet, in others throughout, with oil colours or enamel paint.

The water closets (7) are largely outside of the buildings. Those inside have no cross ventilation, but they are fairly modern in construction, and have automatic flushing cisterns, which are brought into action by pressing a knob.

The urinals are also provided with automatic flushing cisterns. The doors of closets and urinals and the partition walls between them are low and end about five or six inches from the floor, so that both observation and ventilation are facilitated.

The lavatory basins are of earthenware on a slate table, open underneath, and the water taps open with a special key, which is in the keeping of an attendant. The baths are of cast-iron, galvanized, and the wardrobes attached to the bathrooms are specially warmed. There are, Dr. Moëli says, only a few douches or shower baths. Where the latter exist there is an arrangement for mixing warm water with the cold to a given temperature, and the hose is very finely perforated so as to avoid any great shock. The patients generally go to the central bathhouse for their baths.

In each pavilion water is heated by steam in an apparatus in the cellar for the use of the wards. There is a separate water heater and stove in the cellar of each villa. Filtered warm water is supplied to the kitchen and scullery, doctors' consulting rooms, dispensary, and laboratories.

Filtered water is laid on for drinking purposes, with basins and waste pipes in all the corridors.

The pavilions are warmed by means of air heated by steam, the villas and houses of the officials universally by stoves only.

The administration building is warmed by air which has passed over hot water pipes, and so also are the chapel and recreation rooms.

The apparatus is in the cellars in each building. There is a subway for the conveyance of steam pipes and electric cables.

Regarding air space, 25 cubic metres (878 cubic feet) is allowed for ordinary cases in sleeping rooms, and 36 cubic metres (1,264 cubic feet) for those undergoing bed treatment or sick and in bed. The ordinary day space is five square metres (about six square yards) per head. It is calculated that the whole of the air in the day rooms is changed by means of steam-heated aspiration shafts from one and a half to two times an hour. All the windows have double sashes, which are used in winter as a protection against cold.

The closets are warmed directly by steam pipes, so that there is not necessarily a current of cold air from them to the warmer (aspirated) atmosphere of the corridors and day rooms.

The electric light power is supplied by three 100 horse-power condensing engines, and three 1,000-lamp dynamo machines. The number of lamps actually in use is 2,250, mostly of 10 candle power, but some of 16 candle power, all on the three wire system. The accumulator cells are very large, and provided with automatic regulating machines for maintaining a steady current. This, Dr. Moeli says, renders constant watching of the dynamos and accumulators needless.

The asylum is provided with 18 telephone stations. The water supply is from two sources, one the Muggelsee, which is not very favourably regarded here, and the other apparently from local sources and only used in case of necessity.

There is a natural fall for drainage to the south-east, and the sewage, water-carried, is applied to the land.

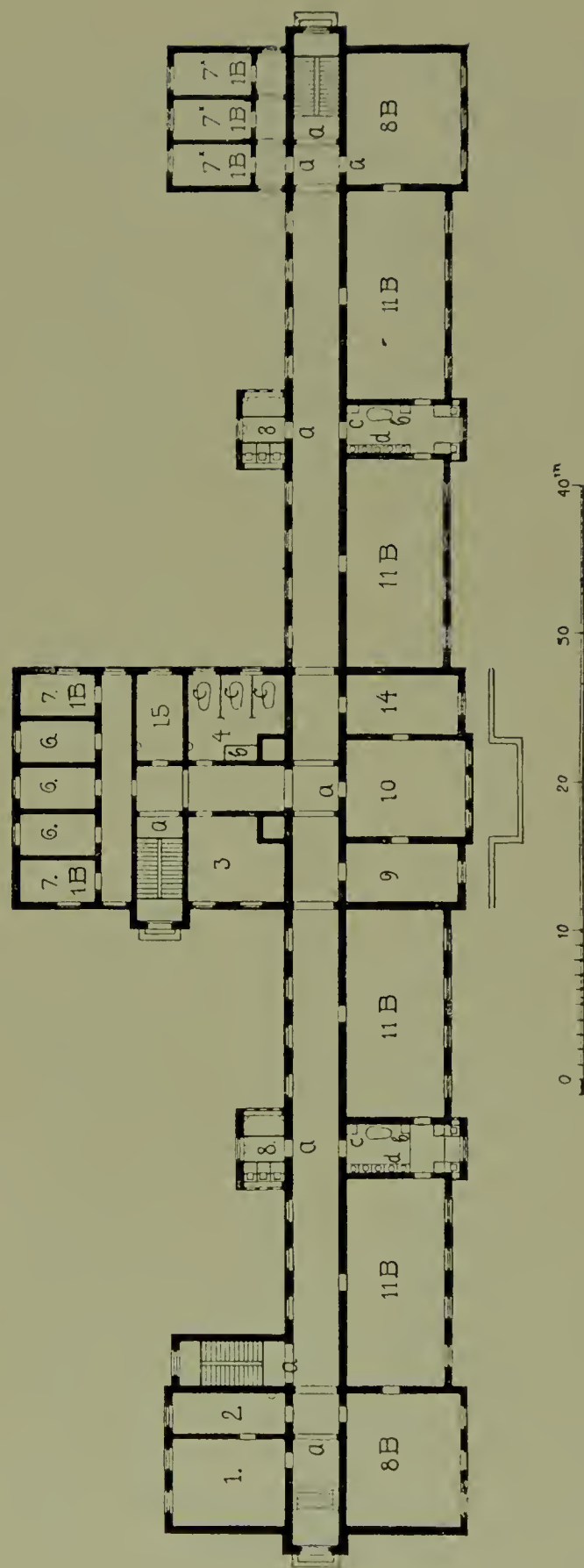
In the boiler house there are 10 large boilers and two steam pumps; adjoining it are the engine, dynamo, and accumulator rooms, with a large workshop for smith's work, and a still room from which distilled water is supplied for the accumulators and for dispensary and chemical purposes. There are also attached to it living rooms and a bathroom for the persons employed here. A branch line from the railway delivers coke and coal direct to this part of the establishment.

The administration building (Fig. 2) in the middle of the south front contains, on the ground floor, the medical and general offices, as well as waiting and visiting rooms (10 rooms altogether). It also contains a medical conference room, a medical library, an instrument room for clinical investigation, and the dispensary. At right angles, in the centre behind these, is the church. The approach to it is from the lofty and handsome entrance hall opposite the main door to this building. The church, like the aforesaid entrance hall, has a groined and painted ceiling, supported on pillars, and accommodates 300 persons. It has a very pleasing appearance. There is regular Lutheran service here every Sunday, and in addition once a month there is a Roman Catholic service.

Above the church there is a recreation hall, rather a handsome room, with a stage at one end. It is used for dancing and theatricals, and in both of these the patients are encouraged to take part.

FIG. 4. HERZBERGE ASYLUM.

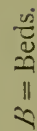
INFIRM AND INTERMEDIATE HOUSE. GROUND FLOOR.



B. Beds. *a.* Glazed Door, *b.* *c.* Baths, *d.* Fixed Laboratory Tables.

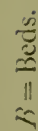
1. Visiting Room. 2. Physician's Office. 3. Scullery. 4. Bath Room. 5. Lavatory. 6. Single Room.
7. Isolation Rooms for Sick Cases. 8. W.C. and Urinal. 9. Dining Room. 10. Day Room.

UPPER STORLEY.



9. Dining Room. 10. Day Room. 14. Work Room.

GROUND FLOOR.



9. Dining Room.
10. Day Room.

On the same floor is a smaller room, called the music room, which is used for concerts, and there are two refreshment rooms, which are used on the occasion of festive gatherings which are held once a month generally. These rooms are said to be found to be conveniently arranged and exceedingly useful.

On this floor are also a dining room for the medical officers and quarters for some assistant physicians and the dispenser.

The whole of the second floor is occupied by the residences of one of the head assistant physicians and another physician. These are adapted for family use.

The director and the other head assistant physician have each detached houses, and six assistants have quarters in the various pavilions.

The workshop building (H) is of one storey, cruciform in shape, and well lighted from the roof by lantern lights. The central bathhouse (CB) contains a small plunge or swimming bath, and, besides ordinary metal baths, apparatus for massage-douches, and six shower baths. It has also two special bathrooms for attendants and others, one near each of the two entrances, an electrical bathroom, and two chambers for electro-therapeutics. This building is warmed by special radiators known as Körting's.

The kitchen and laundry buildings (which are in one block, WK on plan) are well lighted and well supplied with apparatus for cooking and washing respectively. The walls are tiled with white and pale blue tiles to a height of 7 feet, and the floors are tiled with tiles which have a rough surface to prevent slipping. They contain accommodation for twenty working women patients, but only twelve, as we said before, at the time of our visit were living there.

The infectious hospital is for both sexes in separate departments, and has on each side eight beds in a dormitory, and three single rooms, together with a common kitchen and disinfection room, attendants' rooms, bath rooms, and store rooms. For its preservation it is used for some ordinary sick cases, as there seldom are any infectious cases.

The mortuary and pathological department contain every requisite for scientific work. The preliminary opening and examination of a body are made in the basement, and by a lift the subject is raised to the level of the chemical and microscopic workrooms.

On the same floor of this building the post-mortem and laboratory attendant resides.

The ground plan of one of the admission pavilions (Fig. 3) shows its general arrangement without entering into a detailed description.

It will be seen to be a fairly complete little asylum in itself, and the plan of the "Infirm and Care Pavilions" (Fig. 4) differs little from it.

Fig. 5 shows the first floor arrangement of one of the closed buildings, and in addition to these we give (Fig. 6) the ground plan of a small villa for 26 beds.

Electric tell-tale clocks are used in the admission and intermediate pavilions to check the night attendants, and for the rest of the night staff portable tell-tale clocks are relied on.

As already stated there were, on the day of our visit, 1,148 patients, of whom 654 were men and 494 women. The great majority of these were accommodated in the main building, only 200 men and 50 women being resident in the villas. The numbers originally intended to be in the villas were, as we have stated, 200—150 men and 50 women.

The sick are treated in dormitories or in small rooms in the pavilions to which they belong. There is no special hospital for bodily diseases, though the infectious hospital is used for that purpose occasionally.

Each pavilion, as we have said, is self-contained, except as regards the kitchen and laundry. The dinners are served from the central kitchen, and are conveyed, both to the pavilions and to the villas, by means of four covered carts drawn by hand. These run easily as the paths are level and smoothly asphalted.

In the various buildings are small kitchens where food can be warmed and coffee prepared. The general dietary is as follows:—For breakfast, bread with butter and coffee; for lunch, bread and butter; for dinner, soup, meat, and vegetables; coffee is served in the afternoon, and supper consists of bread and cheese or bread and sausage. Workers get extra diet, as do also the sick as required, but no beer is given to any as part of the ordinary diet.

The wards generally were lofty, and, at the time of our visit, airy and sweet; the corridors are wide, but there was a lack of the embellishments to which we are accustomed in English asylums and to our eyes they presented a somewhat bare appearance. The patients generally were very quiet and orderly. Their clothing seemed good and clean, if plain. The infirm wear a long loose coat and trousers of strong linen material with stripes.

The beds are mostly wooden, box-shaped, some with padded sides which are hinged so that they can be let down.

We saw paralytic cases lying on a deep layer of dried sphagnum moss. When wet or dirty the soiled moss is removed and replaced with dry.

Bed sores, we were told, were unknown. The general paralytics among the admissions amounted to 13 or 14 per cent. There are no epileptics, these going mostly to Wuhlgarten; and no idiots or children, these being sent to Dalldorf.

The warmed air, to which we have made allusion, enters through shafts opening near the ceiling, and is extracted through similar openings near the floor.

The windows in all the buildings open wide, in the French style, in two halves vertically, and in all, except the infirm pavilions, they were protected outside by a light ornamental grille.

This arrangement, though it has the disadvantage of giving a slightly prison-like appearance to the building, has great value in affording abundant access of air and ventilation.

The medical staff consists of the director, two head physicians, eight assistant physicians, and two voluntary physicians. The latter are young medical men or senior students, and correspond with what we call clinical assistants.

This is a much higher proportion of medical staff than is met with in any English asylum.

The attendants male and female, called in Germany "pfleger and "pflegerin," are of the former, five charge and 95 ordinary; and of the latter, five charge and 74 ordinary.

In villas containing 149 men, there were only seven attendants including the charge, but taking the proportion all round, it was about one attendant to seven patients.

The proportion is naturally smaller in the villas than in the main asylum, and in one villa for 50 we found there were only one charge and two ordinary attendants; in another for twenty-five patients, there was only one attendant. The villas vary in size and contain 25, 34, 40, or 50 beds.

The doors of these villas are unlocked all day until 9 p.m., and we were told that escapes were numerous—thus, in one year there were as many as 200, and of these about 80 did not return and were not brought back to the asylum.

Such occurrences do not appear to be considered of any consequence.

Suicides, we were told, were not frequent, about one in two years on an average.

Attendants' wages begin at 30s. monthly, and increase to 50s. A special increase of other 3s. monthly is given after three years' service, and an additional 2s. after five years, making the maximum obtainable 55s. a month, or £33 per annum, with, of course, board and the usual allowances, except beer.

The female attendants begin at 22s. monthly, and they increase to 40s., with the same special allowances, making the maximum salary £27. The use of beer was abolished in this asylum recently, and a special allowance of 4s. 6d. monthly is given to all attendants in lieu thereof. The attendants, both male and female, seemed of a respectable and intelligent class. Pensions are given by the city authorities, though not, as we were informed, as a matter of right.

We conclude this description by some extracts from the last published Annual Report for the year ending 1898.

In this year there were 137 escapes, of which number 130 were of men; 15 of these returned of their own accord, 39 were brought back by the police, and 5 were sent to other asylums and thence back to Herzberge. The remainder, for the most part, remained with their friends. Of the seven women four were brought back by relatives or others, and the other three remained away. Most of the escapes were from the villas.

There was a daily average of persons in bed as follows: 70 men and 28 women for

bodily sickness, and 24 men and 80 women for rest and bed treatment, or 202 in all, which is equal to about 17·5 per cent. of all the cases in the asylum. In the same proportion in one of our asylums of 2,100 patients, we would have 368 patients in bed daily.

The daily cost per head at Herzberge for this report year (1898) was 2s. 5d., including the cost of building repairs, but we were told that for last year it was 2s. 2d.

	Men.	Women.	Total.
The average numbers employed were	299	202	501
Attending Church service	84	48	132
„ Singing practices.....	13	13	26
„ Associated entertainments	151	59	210
<hr/>			
At the beginning of the year there were resident ...	586	489	1,075
During the year there were admitted	707	320	1,027
<hr/>			
Total	1,293	809	2,102
<hr/>			
	Men.	Women.	Total.
There were discharged	561	249	810
Died	109	74	183
Remaining at end of year.....	623	486	1,109
<hr/>			
Of the admissions are described as Alcoholics			
“more or less”	342	17	359
And there had been in conflict with the law	316	42	358
The cases discharged recovered or improved were...	436	138	574
And lastly, of the cases discharged, there were sent			
to their own or strangers' families.....	414	157	571
Ditto under supervision of the Asylum Physicians...	39	36	75
To the other Berlin Public Asylums	13	7	20
„ Private Asylums at public cost	32	21	53
„ „ „ at their own cost	2	0	2

The remainder were removed to Hospitals, Foreign Asylums, to Educational Establishments, and, in 11 cases, removed in custody.*

The immense number of changes indicated by these figures is surprising, and indicates a radical difference between the German and the English systems of lunacy administration.

The annual movement of patients is even greater in the other Berlin Asylum for Lunatics and Idiots at Dalldorf.

At the beginning of the report year 1897-98 :—

	Men.	Women.	Total.
There were in this asylum	690	560	1,250
Admitted during the year	727	429	1,156
Discharged and died	654	350	1,004

* Verwaltungs-Bericht des Magistrats zu Berlin. No. 17. Pages 23-24.

In the previous year the numbers were as follows :—

	Men.		Women.		Total.
At the beginning of the year	651	...	576	...	1,227
Admitted during the year	917	...	506	...	1,423
Discharged	730	...	366	...	1,096
Died	144	...	107	...	251

That is to say, nearly the entire population of each of these two asylums is changed every year.

We are not able to state the exact proportion of recoveries as the tables in the reports give the “recovered and relieved” together, but by far the largest proportion of those discharged go to their own or into strangers’ families.

It would not be possible to admit so many cases annually were it not for a very free discharge rate, and the following, in part, at all events, explains it.

When Dalldorf Asylum was opened in 1880, the pressure for accommodation for the insane of Berlin was relieved for a time, but population was increasing in Berlin at a very rapid rate, and the number of recognised lunatics still more rapidly. It became necessary to provide more asylums, and two, Herzberge and Wuhlgarten, were opened in the same year, 1893. It was found that this additional accommodation would be insufficient, and it was decided to try boarding out.

This was accordingly done, as it still is, and on a considerable scale. Relatives of patients are preferred to receive the patients boarded out; failing them friends or strangers likely to take an interest in the cases are selected, and a register of suitable persons is kept. At first all are under the supervision of the asylum physicians, but the bulk of the patients become by degrees removed from this supervision, and come under that of the authority responsible for the poor generally. At the beginning of the report year 1897-98, there were 128 boarded out under asylum supervision from Dalldorf, and 141 from Herzberge; during the year 234 from the former, and 82 from the latter were in addition sent out. Of those boarded out from Dalldorf (362), 78 were during the year brought back to the asylum, 45 were transferred to the jurisdiction of the poor authority, and 81 were discharged altogether. Of the 223 from Herzberge, 84 were transferred or brought back to the asylum, leaving altogether 294 patients still boarded out under the supervision of these two asylum authorities. Adding to this a considerable number from Wuhlgarten, and there is the population of a small asylum living under the supervision of the asylum physicians in their own or in strangers’ families in and around Berlin.

A full account of this system and its working is to be found in two interesting papers by Sir John Sibbald on “Lunacy Administration in Berlin,” &c., in the “Journal of Mental Science” for January and April, 1895. The payments to the guardians for each case average 22s. per month, and clothing but nothing else is supplied by the asylum. We are not able to give the numbers who continue boarded out after transfer from the supervision of the asylum authorities to that of the poor-law authorities.

It would be hard we fancy to convince the poor-law authorities in this country of the desirability of boarding out cases for money payments with their own relatives, but there is good logical ground for it. The custody of insane relatives must mean in many cases loss of working time, and therefore of money, especially where so many of the female members of a family are wage-earners in mills and so forth. On the scale in which it is carried out in Germany, there is also a large saving to the ratepayers in maintenance, and on any scale there must be a saving, in proportion to the number boarded out, of the cost of new asylum buildings or extensions. This argument does not come home to any considerable extent, however, to parochial ratepayers, and we fancy public sentiment would be against boarding out in towns, or on any large scale or for long periods, on its merits, apart from the economical question.

We may mention that Sir John Sibbald is opposed to the principle of boarding-out under the supervision of the asylum physicians. He prefers the Scotch system, because under it the patients are removed from all asylum associations, and the supervision is of a more independent and unbiassed character. He thinks the cases are for those reasons likely to do better. Dr. Bothe, who has written a book on the subject* quoted by Sir John Sibbald, states that experience in Berlin shows that the patients, on the contrary, do not do so well after removal from the asylum supervision and transfer to the poor authorities. There is a tendency to lower the rates of payment, and the supervision is of an unsympathetic character, so that the patients have often to be taken back to the asylum. Experience only, we consider, could show which contention is right.

To make our account of the Berlin public asylums complete, we shall very briefly mention the "Psychische-Kranke" department of the Charité Hospital, which comes like the Clinical Asylum at Halle, under class A in our classification, that is, it is a State institution.

It is the oldest University Clinique in Germany, and is divided into three sections under Prof. Jolly, Dr. Westphal, and other eminent physicians.

The first section is for intellectual disorders, the second for convulsive diseases, and the third for "delirante," which includes all kinds of delirium or acute excitement.

These three probably include all varieties of nervous and mental diseases, and the principal object of this institution is the clinical instruction of the students of the University of Berlin in the subject of mental and nervous diseases, but treatment and cure are also aimed at, as shown by the large numbers discharged direct without passing through any other asylum.

	Men.	Women.	Total.
In the first section the number of patients at the beginning of			
the year 1897 was	20	21	41
Admitted during the year	522	379	901
Discharged	173	126	299
Transferred to Dalldorf Asylum	316	219	535
Died	20	23	43
Remaining at end of year	33	32	65

* Die familiäre Verpflegung Geisteskranker der Irren-Anstalt der Stadt Berlin zu Dalldorf, &c., von Dr. Alfred Bothe, Berlin.—J. Springer, 1893.

	Men.		Women.		Total.
In No. 2, the Convulsive Diseases Class, there were at the					
beginning of the year	33	...	35	...	68
Admitted during the year	549	...	391	...	940
Discharged	412	...	320	...	732
Transferred to Wuhlgarten.....	105	...	44	...	149
Died	36	...	31	...	67
Remaining	29	...	31	...	60

We omit the particulars of No. 3 category, though the figures are equally remarkable; but the above may be compared with the tables which we give elsewhere relating to the Clinical Asylum at Leipzig, and the City Asylum at Dresden, though the last-named is a great receiving and distributing centre only.

Regarding clinical asylums it is sufficient to say that every German University, with only one exception, now possesses one, and that the fine equipment of these institutions in laboratories and apparatus, the large number and variety of patients passing through them, and the high standard of scientific teaching afford opportunities for study and research which could not be surpassed, and are far from being equalled in this country.

BERLIN CITY ASYLUM FOR EPILEPTICS,

At Wuhlgarten, near Biesdorf.

This asylum is only a few minutes walk from Biesdorf station, on the Ostbahn line. It is reached in about 20 minutes by railway from Berlin. On entering the gates a broad road leads up towards the administration block (See plan, Fig 7). This road is bordered on each side with trees at regular intervals, and festoons of Virginia creeper are trained from tree to tree, with very pretty effect. Before reaching the administration block, a large building is to be seen on the left, a children's house (κ on plan), and farther on a still larger building, a closed house for women. The latter is balanced on the other side of the administration block by a similar closed house for men.

Behind, in the centre, are the kitchen and stores, and behind this again the boiler house, with machinery and the laundry department.

Opposite to the administration, on the other side of the road, is the chapel, and on either side of this the residences of the Director and other chief officers. Behind it is the mortuary and pathological establishment.

Beyond is the colony of villas, those for men on one side of the road, and those for women on the other; and farther on still, the farm establishment.

The estate extends to 238 acres, and the cost of the whole establishment was as follows:—

Buildings	4,721,382	marks.
Land	217,096	„
Furnishing	418,634	„
Total	5,357,112	marks, or £267,856.

The asylum was opened in November, 1893, and the patients are at present:—

Men, 537	Boys, 52	Total, 589 males.
Women, 347	Girls, 32	Total, 379 females.
		<u>Total, 968</u>

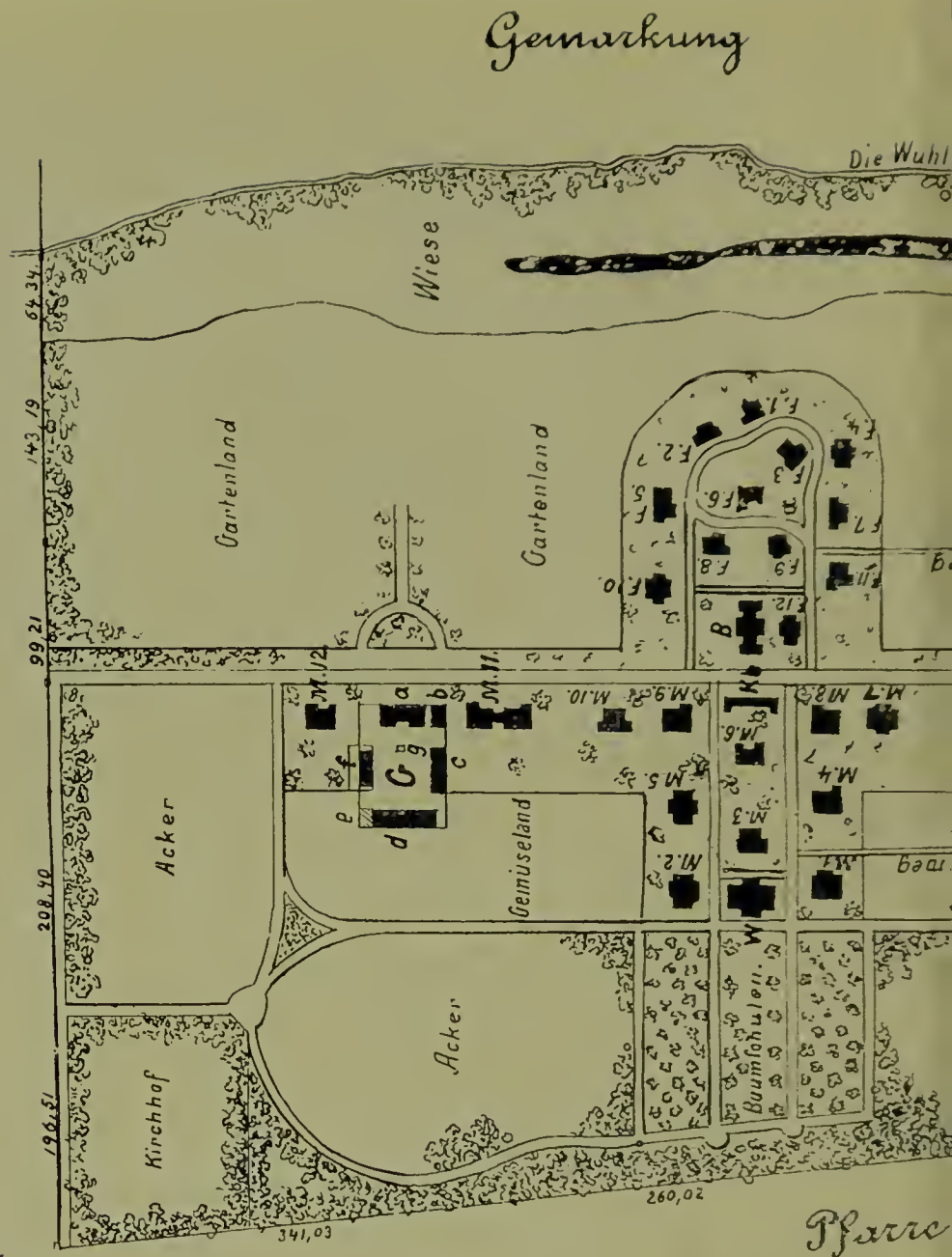
There are in addition 15 private patients, and 112 beds are unoccupied, making the total accommodation 1,100 beds. This gives a total cost of about £244 per head, land, buildings, and furniture all included.

The medical staff consists of the director, one head physician, six assistant physicians, and two voluntary physicians, but one of the last-named posts is at present vacant.

7.

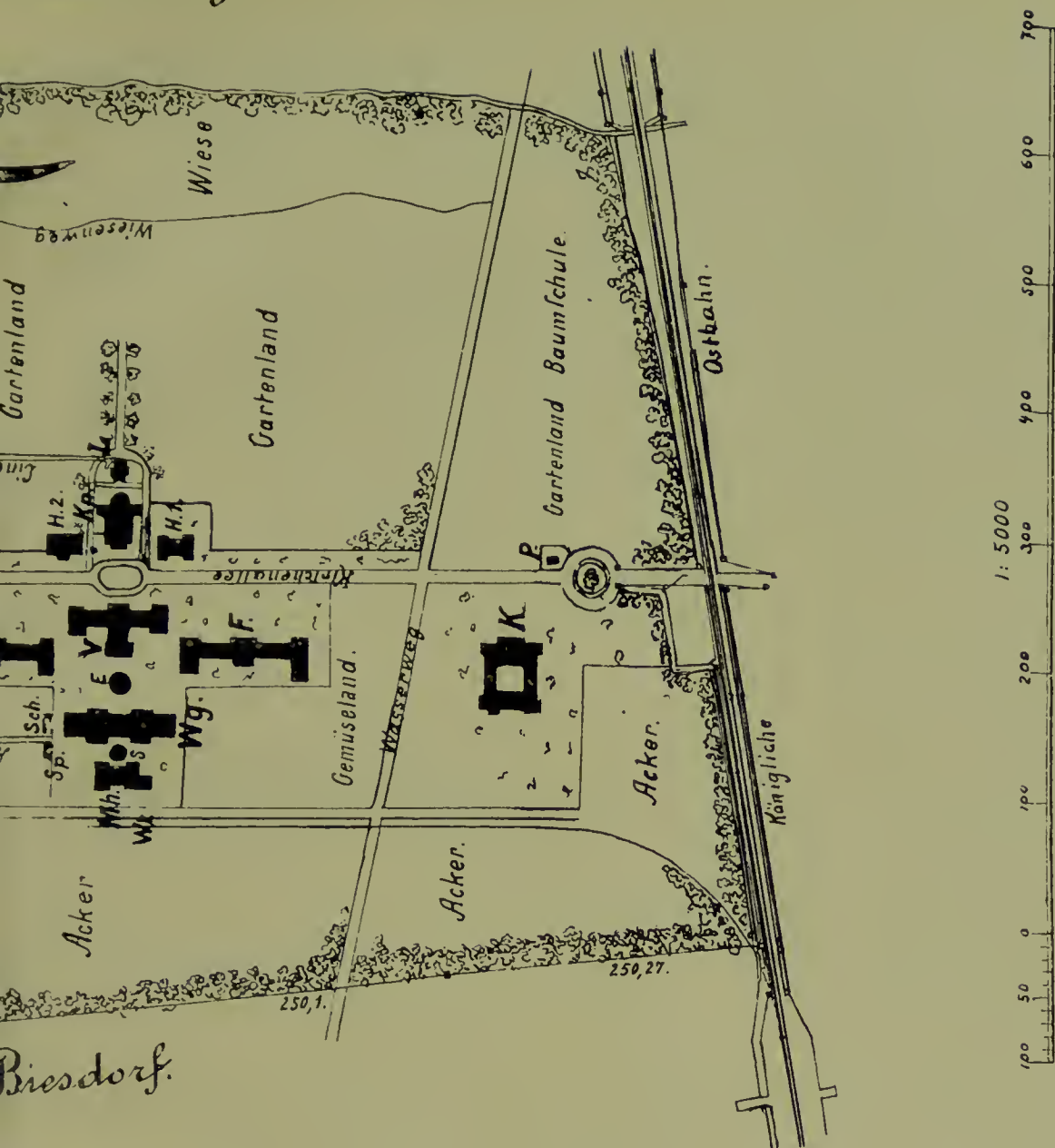
FIG. 7. WUHLGARTEN ASYLUM FOR EPILEPTICS,
NEAR BIESDORF.

GROUND PLAN.



- V. Administration Block.
- Wg. Domestic Economy, *i.e.*, Kitchen, Laundry, &c.
- M. Central Asylum. Closed house for Men.
- F. " " Women.
- K. Children's House.
- M. 1-12. Villas for Men.
- F. 1-12. Villas for Women.
- B. Central Bath House.
- W. Workshops.
- Kb. Skittle Alley.
- K. Church.
- L. Mortuary and Pathological Laboratory.
- Mh. Engine and Boiler House.
- S. Chimney.
- Wt. Water Tower.
- E. Ice Cellar.

Kaulsdorf.



Biesdorf.

- Sp. Fire Engine House.
- Sch. Sheds for Dinner Wagons, &c.
- P. Porter's House.
- G. Farm Buildings.
- Ga. Dwelling House.
- Gh. Wintering House.
- Gc. Stables.
- Gd. Byres.
- Ge. Wagon and Tool Sheds.
- Gf. Piggeries.
- Gh. Poultry Houses.

zum Bahn h. Biesdorf.

For the educational department there is an inspector or school master, with two male and two female teachers.

Of attendants there are three charge and 66 ordinary for men, and three charge and 50 ordinary for women, a proportion of about one to nine patients. There are 13 villas or cottages in the colony for men, with two charge and 42 ordinary attendants ; 12 villas for women, with two charge and 26 ordinary attendants.

The attendants' salaries commence at 30s. a month for men, and increase to 60s. The female attendants commence at 21s. and increase to 48s.

Each patient costs 2s. 6d. per day, which includes everything.

Each of the large closed pavilions was intended for 120 patients, but there are actually 152 men in the men's pavilion, and 128 women in the other.

The inference is that the closed departments are insufficient for the demand, and, in fact, it is proposed to add to them two other pavilions. There are 17 or 18 attendants in each pavilion. The cubic space allowed in each is 880 cubic feet per bed.

All the patients in this asylum are epileptics, and some of these are also paralytic.

Hitherto violent and dangerous cases have not been admitted, but the proposed new accommodation is to take the form of two additional pavilions for 100 men and 60 women of this class. These will be furnished with airing courts, and surrounded with high walls, which are not to be found in connection with the present buildings. We were told they had not so far been found necessary. The lighting throughout is by electric light, and the heating is by warmed air carried in flues from a central station to every part except to the children's house, which is warmed independently.

The water supply is from the Muggelsee, whence also the Berlin water supply is derived. It is described as being of good quality.

The men employed are 273 from the colony, and 38 from the closed pavilion.

The former are thus distributed : 117 on the land, six in stables, one painter, one mason, 16 upholsterers, 15 at straw matting, 71 as house cleaners, 28 dinner carriers, nine clerks, and 11 helpers in officials' houses.

The women's employments are in needlework 59, knitting 69, vegetable cleaning 22, on the land 24, in house cleaning 46 ; total 220. Of these 160 reside in the colony, the total number of patients there resident being 219, and the remainder in the women's pavilion.

There are two night attendants in each pavilion, and continuous night supervision is not practised, but the attendants in the colony as well as in the pavilions sleep for the most part in the dormitories with the patients.

We were told about five or six of the accidents or fatalities to which epileptics are specially

liable occur annually, but that in case of an accidental death there is nothing of the nature of a public enquiry or publicity, and no trouble of any kind.

There is one chaplain for the three city asylums, Dalldorf, Herzberge, and Wuhlgarten.

There are from 50 to 60 Roman Catholic patients, and a priest visits every fortnight.

In the administration building are the usual offices, a medical conference room, and a clinical investigation room, well supplied with electrical and other instruments, and apparatus for scientific work.

The fitting up of this room cost £350, and there is a good medical library upon which £250 was spent in the purchase of books to start with, and an annual sum is provided to keep it up to date. In it we found the principal English and continental journals, and a good collection of standard medical works. In a modelling room in the same building we saw patients employed in making a large model of the asylum and grounds, and we were shown other good examples of modelling in clay, the work of patients, and some oil paintings also done by patients.

Systematic instruction is given once a week in music, and once a week in singing. Recreation and music rooms are provided; of the former one for each sex, but of the latter one is common to both. A large and handsome recreation hall, with polished wood block floor and a stage, serves for large gatherings. There are refreshment rooms adjoining it at each side, and concerts and dances are given on Sundays once a month, varied by other entertainments, in which the patients are encouraged to take part.

There is a billiard room with two tables for the use of the men, and a good patients' library well supplied with books and papers. The sum of £50 per annum is spent in keeping the library up.

The arrangements for the sick are similar to those at Herzberge Asylum. There is no special hospital for bodily diseases, and cases of sickness are treated in their own wards where they occur.

In each of the two closed pavilions there are five divisions, and there are day-rooms as well as dormitories on each of the two floors.

The floors in the corridors are covered with linoleum; in the rooms they are polished or painted. The beds have moveable or let-down wooden sides, some of them high to prevent patients from falling out of bed, and for feeble cases the sides were padded.

The patients were very clean, neat, and orderly in their appearance, though their attire was of a plain description. The furniture in the wards is plain and substantial. We saw few pictures or ornaments, but there were birds in cages, and flowers, and the wards were sufficiently bright and cheerful. No restraint is used.

In the men's closed pavilion there are eight strong isolation rooms, and in the women's pavilion four ditto, and five ordinary single rooms.

There are only three single rooms in all, for each sex, in the whole of the colony houses, and these were not provided in the first instance but were added afterwards.

The villas, of which there are 13 for men and 12 for women, are all like the main buildings, built of yellow bricks with red or terra-cotta brick lines.

There are from 20 to 40 patients in each, the latter being the largest number in any except two. The exceptions occur in the form of one villa for men and one for women each containing 50 patients. Each has a verandah with a door or double doors opening upon it from day-room or dormitory. They are all open all day, and we saw many patients sitting or walking in the open air, apparently quite freely. These verandahs have a pretty effect and are much appreciated.

The villas all had a homelike appearance, and the patients seemed comfortable and happy.

The day-rooms and dining rooms were generally on the ground floor, and the dormitories on the first floor.

In one villa for 34 there were, on the ground floor, a doctor's room, a charge-attendant's room, scullery and w.c., two day-rooms, one used also as dining room, and one dormitory for seven beds; on the first floor were four small dormitories, store-room, an office, and a w.c.

The only fault in this colony, which the Director pointed out and as it seemed to us, was that the men's villas were too close to those for women on the other side of the road.

The plantations in and around the colony were comparatively new; when they have had time to grow the aspect will be improved, no doubt, but at present there is a certain bareness.

The kitchen which occupies a central position behind the administration building, is tiled all round, and has 17 large boilers with copper lids, kitchen range, and two ovens. Meat is steamed in tins with two divisions.

The food is carried from it to all parts of the Asylum in tins, which have a large compartment to contain the patients' portions and a small compartment for the attendants' portions.

These are loaded on open trollies, which run on tram lines, impelled by patients to every part, so far as the line is completed, but a small part has yet to be laid. We saw in the kitchen larder a mill for grinding coffee, driven by an electro-motor. There is a branch line, from the adjoining railway, to convey goods to the vicinity of the stores.

In the stores we saw a good arrangement, the bins for meal, peas, &c., having the bottom part made sloping towards the front, so that by pulling out a small drawer at the bottom dust and refuse can be easily swept out.

The laundry is commodious and well fitted with steam calendar and other machines.

The rinsing of clothes is effected by a paddle wheel working in a large oval trough. The clothes are dried by hanging them on a succession of poles, which follow one another through a hot-air chamber. The poles are supported transversely at each end in notches on an endless chain, and upon these they enter at one end of the chamber and the clothes are carried through very slowly by the revolution of the chains, and delivered dry at the other end.

Adjoining the laundry is the boiler-house, with ten very large boilers; also the engine-house and dynamo-house, with accumulators. There is a fire-house with hand engine.

The water tower is near these buildings, and from this centre a culvert, six feet high, carries the water and heating pipes, as well as the electric light cables, to their destinations.

The farm is in exceedingly good order, and produces nearly sufficient for the wants of the establishment. The buildings include stabling for the oxen used on the farm, as well as ample provision for the usual farm stock. The sewage of the Asylum is disposed of on the land.

In the children's department everything possible seemed to be done to instruct or amuse the children, and they seemed as clean and well cared for as such cases could be, many being idiots of filthy habits.

In the dormitories the beds have a shelf at the foot, on which the clothes are placed at night.

We visited the pathological department, which we need only say was very complete, and where much scientific work seemed to be done.

In the general bath-house there is a bath-room for each sex fitted up with ordinary baths, and between the two is a large douche and shower bath-room. The centre portion is sunk about five feet, and is reached by steps with a handrail at each side. It is 30 feet long by 20 feet wide. Around this, on the higher level, is a platform several feet wide, and there is a railing on the inside protecting the edge of the upper platform from the lower portion.

At one end of this platform is an apparatus whereby an attendant controls the temperature as well as the delivery of the water, which is carried to 16 nozzles or douches, eight on each side. These are actuated by a pull under the control of the patient who is standing underneath the hose. The whole is tiled with white tiles and there is a wooden spar platform for the bathers to stand on.

Dr. Hebold, the director, told us this was his own invention, and that the object was to economize water which was sometimes scarce and valuable. All the bath taps are nickel plated.

Among the other advantageous possessions of the asylum are a bowling alley and a gymnasium very completely fitted up. From all we have said it will be inferred, and rightly so, that little or nothing has been omitted, from the planning and fitting, which could be thought of, as likely to ameliorate the condition of the epileptic inmates.

We add some notes and statistics extracted from the last annual report to the magistrates

of Berlin, throwing further light on the movement of the population, &c. The annual report is for the year commencing 1st April, 1897 and ending 31st March, 1898:—

	Males.		Females.		Total.
At the beginning of this year	517	...	322	...	839
Admitted during the year	267	...	106	...	373
Discharged	195	...	70	...	265
Died	24	...	19	...	43
Remaining at end of year	565	...	339	...	904

Of the 373 admissions, 149 came from the Charité in Berlin, and 118 were transferred from other asylums.

It is interesting to see what became of the large number 265 discharged, considering that they were epileptics.

This is shown in the following table:—

	Males.		Females.		Total.
*To their own families	62	...	37	...	99
To the families of strangers	69	...	10	...	79
To hospitals in Berlin.....	1	...	4	...	5
To hospital of Rummelsburg.....	1	...	0	...	1
Transferred to Dalldorf Asylum.....	4	...	4	...	8
„ Herzberge Asylum ...	0	...	1	...	1
„ Provincial Asylums...	11	...	4	...	15
„ their own Parishes ...	15	...	6	...	21
Removed unknown whither	32	...	4	...	36
	<u>195</u>		<u>70</u>		<u>265</u>

The transfers to Dalldorf and Herzberge were on account of exceptionally dangerous tendencies of the patients.

Those to hospitals were of a temporary character, and on account of severe injuries or disease; one woman, for example, for cancer of the breast.

The main causes of death were epilepsy 7, softening of the brain 5, pneumonia 12, phthisis 3, marasmus 6, infective intestinal catarrh 1, typhoid fever 1.

Dr. Hebold records a small epidemic of this so-called infective intestinal catarrh, with which thirteen patients and three nurses were attacked, but states that the appearances found in the one fatal case were not those usually associated with dysentery.

* Regarding the Berlin system of boarding out, see remarks on boarding out after description of Herzberge Asylum (page 13).

In connection with this outbreak, and with two cases of fever, Dr. Hebold regrets the absence of a special hospital for infectious diseases.

Suicidal attempts were made in the cases of three males and ten females, but none of them were successful.

Injuries from falls in fits were numerous, though few were serious, but there was one death from meningeal hæmorrhage from a fractured skull caused by a fall in a fit, and there were other fractures, wounds, and dislocations as would be unavoidable and to be expected among so large a number of epileptics.

No escapes are reported. The cost per head for the year 1898 was 2s. 5d. daily, and this included the repairs to buildings.

We were much indebted to the Director, Dr. Hebold, for the great trouble he took to show and explain everything to us, and we came away with the impression that the asylum was in excellent order and very ably managed. We considered that it is proved there is no inherent difficulty in collecting epileptics and treating them, with good results, in a colony. Suitable provision should, however, be made for different classes of cases, including specially the excitable and violent. We mention this because there are differences of opinion, even in Germany, as to the advisability of massing them. Those who object, do so mainly on the ground that epileptics as a class are excitable and dangerous, and apt to make each other worse in association. Such propensities, it seems to us, are more likely to be increased in the large wards of a big Asylum, where they are necessarily thrown much together, than in the quietude of smaller communities, or in the separate villas of a colony.

We may add farther, that Wuhlgarten is not the only Asylum in Germany for epileptics alone. There is another at Hochweitzschen for 641 epileptics, and one at Potsdam for 279, not to mention epileptic colonies such as Bielefeld with about 1,500. We are justified in stating therefore, that this system has got beyond the experimental stage, and we may point to the incidental advantage of removing an excitable and rather turbulent class from the wards of curative asylums. Curable cases would be spared the sight of fits, which is always disagreeable, and the sounds of quarrelling and noise which are always disturbing and sometimes contagious.

1. Administration Building.
2. Kitchen, Laundry, and Stores.
- 2a. Boiler and Engine House.
3. House for 40 Working Women.
4. House for Engineer and Boiler Man.
5. Central Asylum, Block for 100 Men.
6. " " " 100 Women.
7. House for 50 Girls attending School.
8. " " 50 Boys.
9. Villa for 40 Men.
10. " 50 "
11. Officials' House.
12. Hospital.
13. Mortuary, Laboratory, and Mortuary Chapel.
14. Villa for 25 Private Patients, Men.
15. " " " Women.
16. Recreation Building.
17. House for 40 Able Bodied or Working Women
18. School Building.
19. Disinfecting House.
20. Children's Hospital.
21. Hotel close to Station and Entrance.
- 21a. Railway Station.
22. School of Gymnastics.
23. Villa for 40 Men.
24. " " "
25. " " "
26. " " Women.
27. " " "
28. Officials' House.
29. Skittle Alley.
30. Coal Sheds.
31. Wagon, &c., Sheds.
32. Villa for 25 Private Patients, Men.
34. " " " " Women.
33. Physician's House.
35. Church.

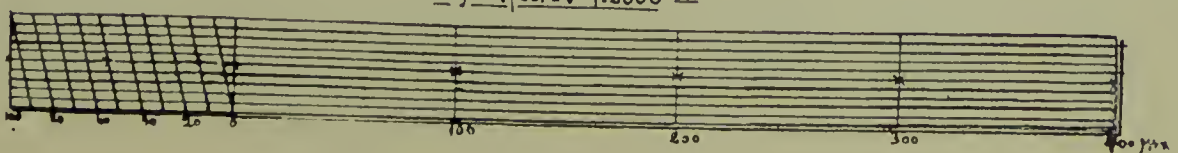


E ASYLUM.

N.



— Maßstab 1:5000 —



THE SAXON PROVINCIAL ASYLUM AT UCHTSPRINGE (Altmark).

Uchtspringe is situated on the direct Berlin-Hanover line of railway. Train can be taken from Hanover or from Berlin to Stendall (two hours) and then to Uchtspringe (half-an-hour). If travelling another route, then *viâ* Magdeburg and Stendall. The post-town and postal address is as above *viâ* Stendall.

The Asylum (see plan, Fig. 8), commenced in 1892, was opened on the 1st September, 1894, for 40 patients. A month later 160 beds were ready, and on the 1st July in the following year accommodation was completed for 330 patients. Between that time and the 31st March, 1897, 614 patients were admitted, and the discharges and deaths during the latter period were 328, so that the number of patients at the end of that period was 618. One year later the number was 768, and a year after that, March, 1899, it was 871.

At the time of our visit the numbers resident were 450 men and 359 women, total 809; in addition to these, 79 boys and 70 girls, total 149; or altogether 958 patients. The latest addition was completed only six months ago, and the total cost for land, buildings, and furnishing was 3½ million marks, about £175,000, which is equal to £182 per bed.

The land alone, which extends to 480 acres, cost 200,000 marks, or about £10,000. At first it was like a sandy desert, but it is now in good order and its value has very considerably increased.

There are two large closed asylum buildings (5 and 6 on plan) for 100 patients each, and two children's houses for 80 each. Besides these the asylum is made up of detached villas of neat appearance with verandahs, irregularly placed, and surrounded by flower beds, plantations, and walks. The administration building with the large "domestic economy block," containing kitchen, laundry (three storeys), and stores (2 on plan), is between the two closed buildings, and behind it is the hospital (12) and further back the section room and pathological research building with mortuary chapel attached. There is a large hotel-restaurant close to the railway station and entrance gates, which was built with the rest of the asylum and belongs to it.

The villas are as follows: 1 for 50 men, 8 for 40 of the third class (4 namely for each sex) and 4 for 25 each of the first and second class in equal numbers for each sex. All these are more or less open buildings. All the buildings are in red brick with buff brick ornamentation, and they seemed substantially built and well finished.

There is in this asylum a separate building near the entrance gates for recreative purposes, containing a very fine principal hall with stage, &c.

In addition to a large church for Lutherans there is a small separate Roman Catholic Chapel.

In addition to the ground plan sent to us by the kindness of Dr. Alt, the medical director, we are able to give a general view of the asylum (Fig. 9), a view of one of the men's villas (Fig. 11), and a view of one of the children's houses (Fig. 10).

The lighting, exclusively electric, is furnished from two dynamos of 100 horse-power each and accumulators, and the warming is by separate boilers in the basement of each building, the air entering being warmed by steam coils and carried in flues to every part.

Exclusive of the farm buildings, which are good and provide sufficient milk for the asylum, there are about 37 detached houses, including administrative buildings.

All the cooking, including breakfasts, is done in a central kitchen (with one exception), and the food is delivered by means of a large two-horse wagon to all parts, the distribution of dinners occupying from half-an-hour to three-quarters of an hour.

The exception mentioned is that the food for the private patients is cooked in a separate kitchen in one of their houses, and this was arranged more to furnish occupation for some of the ladies than for any other reason.

The medical staff consists of a director, three head physicians, and six assistant physicians. There is also a dispenser who, in addition to dispensing medicines, does some chemical analysis.

The attendants are in number 76 men and 56 women, including some artisan and gardener attendants. There are only seven night attendants for the whole asylum, and they are included in the above numbers.

The proportion of attendants to patients is about one to eight. At the time of our visit, 80 patients were absent on probation.

Of the whole number 500 are epileptics and 200 idiots or imbeciles. The number of acute cases is about 300.

The annual admissions are on the average 450, and the discharges recovered amount to 30 per cent. of the admissions; so we were informed, but according to the last Annual Report, the admissions during the two years to which it relates were 731, the discharges and deaths 498, and those discharged recovered 109.

As many as 12 per cent. of the epileptics are discharged annually. Very few patients are under continuous supervision at night.

The attendants sleep in the dormitories with the patients, and the night attendants visit every hour as a rule.

The deaths from accidental suffocation in fits, we are told, were only two in six years. In the case of a fatality the director has to report the circumstances, but there seems to be no formal enquiry.



FIG. 9. UCHTSRINGE .



GENERAL VIEW.



FIG. 10. UCHTISPRINGE ASYLUM. VIEW OF A CHILDREN'S HOUSE.

Escapes occur at the rate of about twelve in the year, but some of these patients, it seems, return voluntarily to the asylum. No efforts are made to recover any except patients likely to be dangerous to themselves or others.

About 20 per cent. of the inmates have been criminals, and these and many excited and dangerous cases are in closed buildings.

Seventy per cent. are employed; 200 work on the land, some being women, and the others at trades and in the laundry, etc.

The male attendants receive £18, increasing according to length of service to £52 10s. annually. If they marry they receive £18 per annum in lieu of board and 25s. in lieu of clothing.

The female attendants' salaries begin at £12 12s. per annum, and increase to £30.

About 24 of the married attendants live in a group of 20 specially provided cottages, and each has two or three male patients boarded with him. A sum of 60 pf. per day (3s. 6d. a week) is paid him for the board of each patient. Patients are also boarded out with employés in six other cottages, and at present 72 are so provided for. This system has worked so well, and the results have been so good, that it is intended to still further extend it by building more cottages.

The average cost per day of the patients in the asylum is 1s. 7d. per head, and this sum includes both building repairs and maintenance; the State contributes about 9d. per day towards the cost of maintenance of each patient. The charge for the two classes of private patients is 5s. and 2s. 5d. per day respectively.

In the two closed houses (5 and 6 on plan) which contain 100 of each sex respectively, are 32 isolation rooms, 16 in each.

About ten per cent. of the patients are considered to be suicidal.

The villas for private patients having, like all the others, verandahs on each floor, contain, as before mentioned, 25 in each; the others from 34 to 44, only one of them is for 50. In some, 44 appears to be four in excess of the number for which they are intended (see plan). The children's houses, named on the plan (7 and 8) as for 50 each, contain from 70 to 80.

Only two buildings, the hospitals (12 and 20) are duplicate and arranged for both sexes. The former has 50, the latter, 20 beds.

They struck us as being remarkably well fitted up, the operating theatre being quite as finished with all aseptic and antiseptic arrangements as one would expect in any modern hospital. The beds have spring bottoms, and we noticed a novel arrangement in the blankets being enclosed and tied between two sheets.

The floors, both in the hospital and other parts of the asylum are of oak, or other hard wood, polished; but in the dormitories they are covered with linoleum; and the sanitary fittings are of quite unexceptionable construction.

In the hospitals and pathological building we saw lavatory basins arranged for washing in a stream which was continuous only while the foot held down a pedal.

The walls are mostly painted and stencilled.

There is a nurses' home used for rest and recreation.

Systematic instruction is given to the children by two male and two female teachers for two or three hours daily. In the last published annual report we find mention of two suicides, and of one death of a patient who escaped and was found killed by a passing train on the neighbouring railway line ; also of six men and two women having escaped.

We were highly pleased with this asylum, and with the appearance of the patients. They seemed well cared for and comfortable. The amount of freedom allowed, the trifling number of mischances, and the prevailing air of quietude and content were remarkable features in a community including in its limits so many as 500 epileptics. We approved of the association with them of imbeciles and idiots, but consider it very doubtful whether acute cases of other forms of non-epileptic insanity should be treated in the same asylum with the classes above mentioned.

The sewage of this asylum after undergoing precipitation is filtered through coke and sand and passed into the River Ucht. The precipitated mud or sludge is dried and mixed with ashes, after which it is applied to the land.

We received the greatest courtesy and attention from Dr. Alt, the medical director, and two of his colleagues, who exerted themselves to the utmost to render our visit instructive and agreeable.



FIG. 11. UCHTSPRUNGE ASYLUM. VILLA FOR MEN.

HERBITZ PROVINCIAL ASYLUM.

GROUND PLAN.



THE PROVINCIAL ASYLUM, RITTERGUT ALT-SCHERBITZ, near LEIPZIG.

This asylum, the forerunner and the best known of the segregated or village colony type of asylums, is situated near Schkeuditz, a station on the Berlin-Halle line to Leipzig.

If travelling south from Berlin, one can go by express to Halle and change there to a stopping train for Schkeuditz or, as we found more convenient, go on by express to Leipzig and return by stopping train.

On our arrival we were met by the director, Dr. Paetz; the head physician, Dr. Kaiser; and one of the assistant physicians, Dr. Engelken.

In a room in the administration building we found a large and excellent model of the asylum, and upon this, Dr. Kaiser, in good English, demonstrated the whole plan and arrangement of the asylum for our benefit. Before describing it, however, we may state it was opened in 1876 under Professor Dr. Koeppe. Dr. Paetz succeeded as director on his death in January, 1879, and under his regime there have been, principally in 1888 to 1891, extensions and improvements designed principally for the perfecting of the system of family life in small communities. He is now assisted by five physicians and assistant physicians, with one voluntary physician. The patients are in number 960, including 160 chronic infirm cases in the Emperor William-Augusta buildings.

The land attached to the asylum extends to 750 acres, and cost £50,000. The cost of the buildings as given by Dr. Paetz was £86,000, making the cost per head for land and buildings £142.

The attendants we were told were, taking them all round, in the proportion of one to eight patients. Male attendants are paid £27 a year, which increases to £38, and female attendants have £19, increasing to £25, in both cases with the usual allowances, board, &c.

A comparatively small number of private patients are received here (at present there are about 18 of the first class, and 72 of the second), but all other classes are admitted except criminals. Five or six per cent. of the patients now here are epileptics, and the number of night attendants is 10, five of each sex.

The dormitories are so arranged in some of the villas, one central large one opening into two or more smaller, that practically the patients are, where it is necessary, continually supervised at night. We were told that accidents to epileptics were rare, as were also suicides. Two periods, we were told, of four years each had passed without any fatality of this kind.

We observe, however, in the report for 1897-98 two cases of suicide are mentioned, and in 1896-97 two cases of choking, both of the latter, however, it is stated, in paralytics. The proportion of escapes is given as from $1\frac{1}{2}$ to 2 per cent. yearly, on the average.

The asylum consists of (*a*) an acute asylum, (*b*) a colony of villas on the open door system for each sex, and (*c*) a chronic asylum consisting of two large buildings (the Emperor William-Augusta foundation, containing 80 patients each), besides administrative buildings, farm buildings, residences, &c.

A reference to the plan (Fig. 12) and the general view (Fig. 13) will assist in understanding the situation. The high road from Halle to Leipzig passes through the institution.

On the north side of this is the acute or closed portion, arranged on a regular and symmetrical plan, and farther east are the two chronic infirm blocks; on the south of the road are the kitchen and laundry, the farm buildings, and the director's residence centrally situated, and the colony buildings are on each side of these. The women's villas are on the west side, and those for men on the east, near the old village. Most of the houses in the village are now the property of the institution, and in some of them patients reside.

The villas, in each case a fair distance apart from each other, are grouped more or less together but so surrounded by trees and shrubs that they are partially hidden, and the contiguity, slight as it is, is not perceived. All these buildings stand high, and the ground slopes down to a considerably lower level on the south side, where the river Elster pursues a winding course through meadows and trees, the scene being a very picturesque and charming one.

We saw one of the women patients walking by the banks of this stream, and we were told that the patients in the colony were allowed to do so freely, and that no accident ever happened.

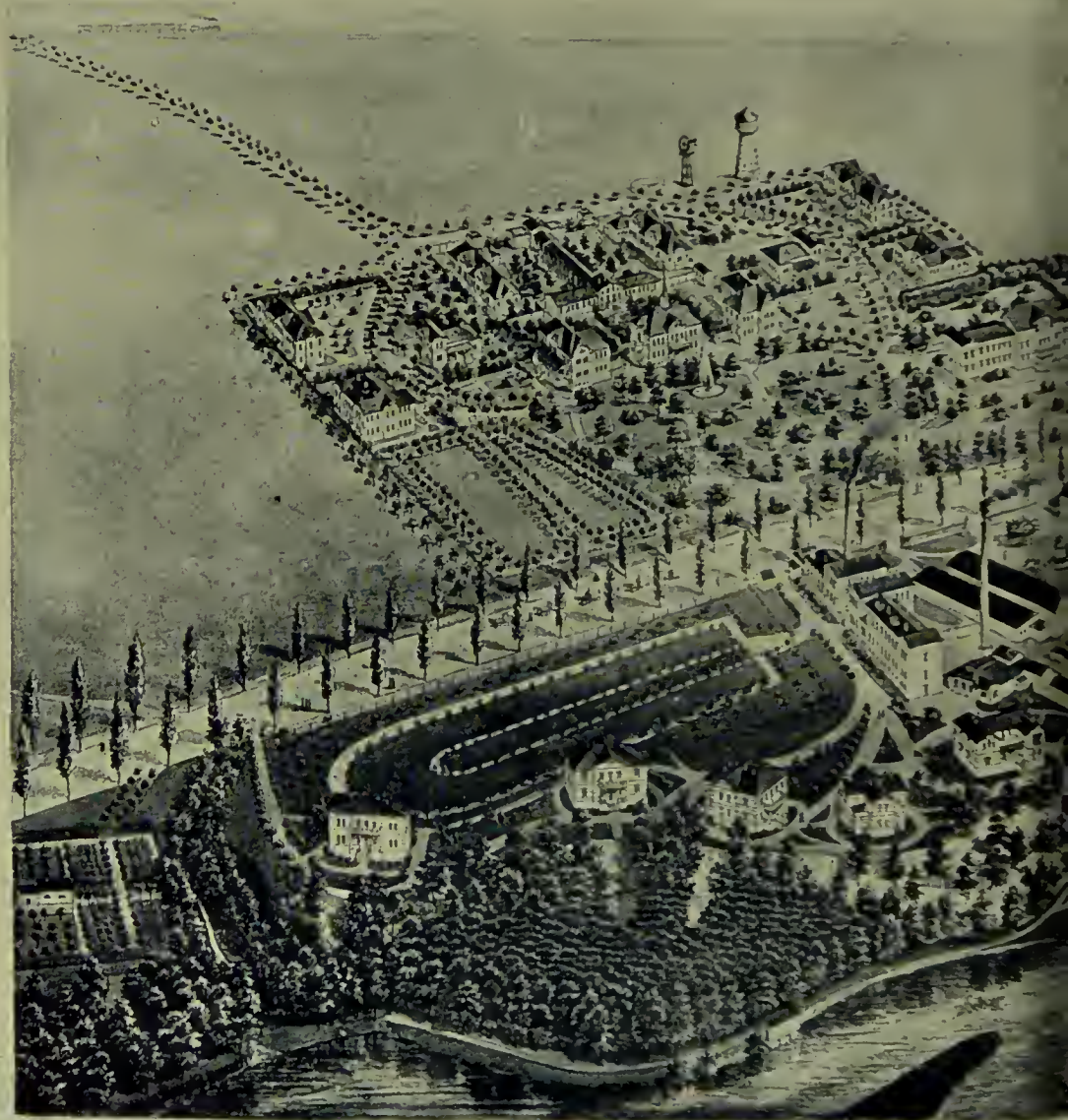
The director's house, the former knight's mansion-house, a very quaint old building (Fig. 15), looks southward over a series of terraces, laid out with flower beds, towards the gardens and river lying below.

The old buildings of the farm and village are also very quaint. They have very high steep-pitched roofs, with rows of numerous small windows like winking eyes. The newer buildings are all in red brick, of somewhat coarser quality than those used in the Herzberge and Uchtsprunge Asylums, with yellow or buff brick dressings, and all have open verandahs and balconies decorated with climbing plants.

The villas, which are in the Italian style, have even less ornamentation by lines and tracery than those we have seen elsewhere, but far more natural decoration, so to speak, by ivy and climbing plants. Though they have a general resemblance to each other, no two are exactly alike.

There are no connecting galleries or passages of any kind between them.

The largest buildings of the asylum are those of the William-Augusta foundation, (see plan and also Figs. 32 and 33).



Alt Scherb



Asylum

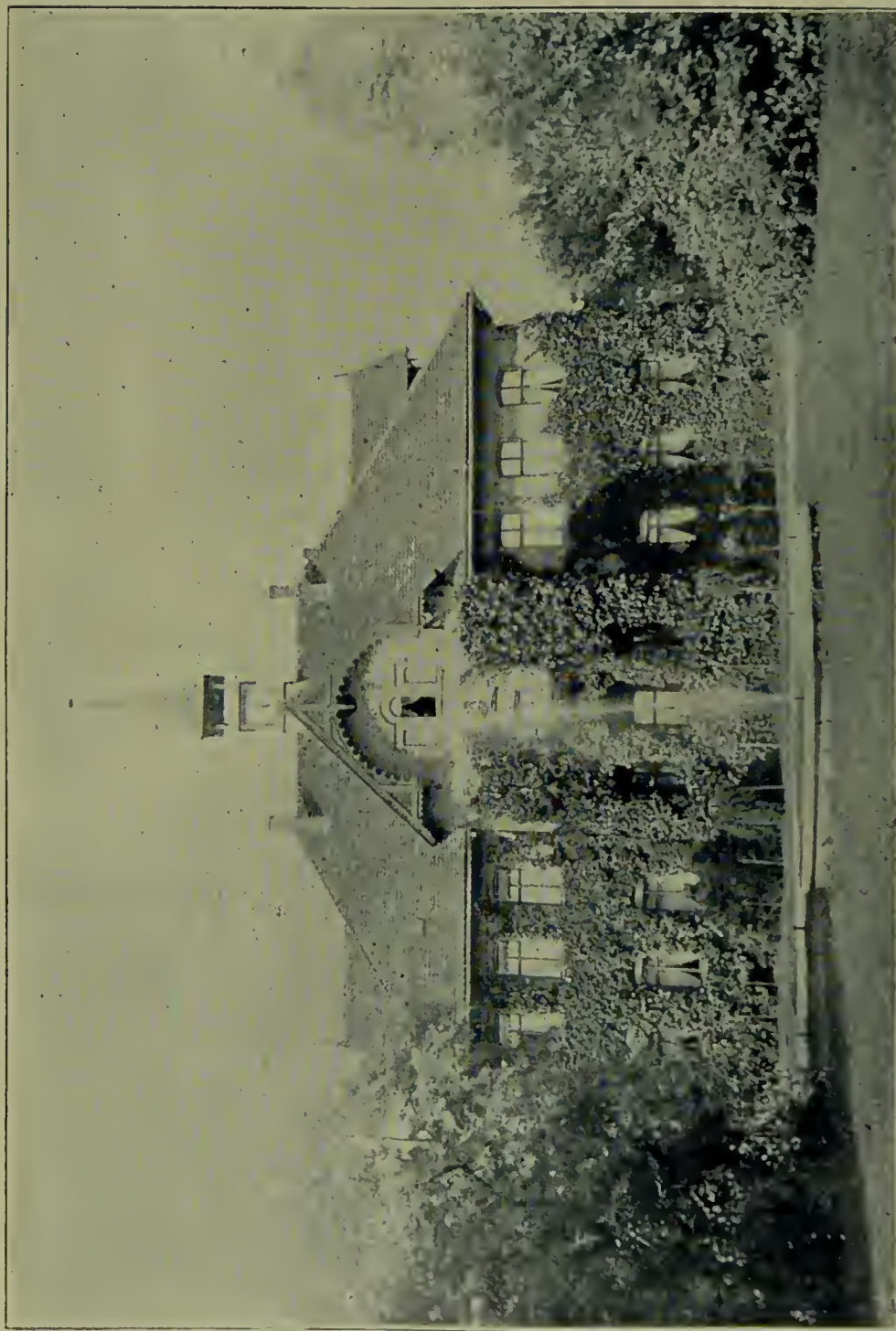


FIG. 14. ADMINISTRATION BUILDING. ALT-SCHERBITZ



FIG. 15. ALT-SCHERITZ ASYLUM. DIRECTOR'S HOUSE.

They were built between the years 1883 and 1885, by funds raised by public subscription to commemorate the golden wedding of the Emperor and Empress.

The patients, 80 men in one and 80 women in the other, are aged or infirm and demented or chronic cases.

A great many were in bed and the doors and windows were more or less open when we passed through. We were told they were usually so, weather permitting, though this part of the asylum is not professedly conducted on the open door system. These, like all the other buildings in the Institution are two-storey, except the central hospital, which is of one only, and the administration building which is three-storey. There are two or three patients of the private class in this department, probably, very demented and feeble or paralytic cases. The heating here, as in all the villas, is independent.

There is a central heating establishment, but each building, except the administration and observation houses, has its own apparatus in the basement or cellar, and in the villas the heating is by stoves only. In the exceptional buildings there is a special steam and warm air heating arrangement.

Between the two William-Augusta buildings and in front of them, *i.e.*, nearer the road, is a house where four of the assistant physicians and the house steward live. Coming to the asylum proper, the central asylum as it is called, for the acute and observation cases, we find on the south side centrally, the administration block (7 on Plan 12 and Fig. 14).

Like the principal block of the Herzberge Asylum, of which we have given a sketch previously, its architecture is of the most simple character. It contains the various offices, conference rooms, &c., together with the residence of the two head assistant physicians. It is much smaller than the administration building at Herzeberge, but there is nothing mean or insignificant in its appearance. On the contrary it has an elegant and tasteful appearance, which is largely increased by the wealth of verdant surroundings.

Behind it is the hospital (6 and 6a on plan), the only building for two sexes on the whole estate. It is for 18 patients of each sex, and the two sides are symmetrical; the west side, as well as all the other detached buildings on the same side of the central asylum being for women; the east side and the other buildings to the east for men.

This hospital is the chief clinical department for bodily diseases. It has two entrances, of which one is from the garden through an entrance hall, or convalescents' day room, into the dormitory. On either side of the other the principal entrance passage is a scullery and opposite to it a room, into which a moribund patient can be removed.

At the opposite end is a single room, a lavatory and bath room, and the E.C. (Dry earth closets only are used, and there are no w.c.'s in the asylum).

The central portion only is two-storey, and the upper storey contains rooms for two attendants on each side and store rooms. To the north of the hospital is the post-mortem

room, with laboratories, &c. These three buildings form the axis of the central asylum. The first buildings on either side of this central axis are the observation buildings (Figs. 19 and 20) for men, and women (5 and 5A on plan). They are exact facsimiles of each other. They are for all cases, which, on account of mental disease, require solicitous care and watching.

One enters each of them from a verandah into a large day room, also used as a dining room, on each side of which are small day rooms.

At the back is a small room for patients who are confined to bed during the day, and another, an ordinary dormitory.

There is another entrance (see plan of this building), with, on one side, an isolation room, and on the other, lavatory, bath room, and water closets, scullery, and pantry. The connection between the three principal day rooms is by glass-panelled doors, which, however, as a rule, are left open. The doors to the two dormitories on this floor are also glazed. Only a part of this building is two-storey and it contains dormitories, and quarters for a head and an ordinary attendant.

The patients are provided with light occupation, literature, and games, and the men have also a billiard table. The accommodation is for 22 only on the women's side, and 26 on the men's side, with respectively three and four attendants. The superficial and cubic space for these numbers seems ample.

The other buildings of the central asylum are as numbered on the plan. (1) An observation house for recent and acute cases, women. (2) An observation house for private patients. (3) The first closed building. (4) The second closed building, each being repeated for the other sex.

The second observation house is somewhat similar in plan to the one already described. There is the central day and dining room, with another day room on each side. The central day room opens upon a verandah, and a second entrance is on the opposite side of the building, with bath room, boot room, scullery, &c., on each side of the entrance passage. The upper floor is similarly arranged, but the rooms which open one into the other are dormitories instead of day rooms. The accommodation of each house is for 37 patients and three attendants. Plans are given showing each floor (Figs. 25 and 26).

The two closed houses (Figs. 21, 22, and 23), are for patients who require more special watching—noisy, dirty, excited, and violent cases. Plans are given showing the two floors of one of these, and also a plan showing the arrangement of the ground floor of the private patients' observation building, which is the same on the upper floor, and it is not therefore necessary to describe any of them in detail.

The doors and windows of all the buildings of the central asylum, except the hospitals, are locked more or less; those of the closed buildings, all day.

The lock which fastens the windows is an ingenious invention of Dr. Paetz's. Instead of by shutters, the windows of the single rooms are darkened by outside venetian blinds with wooden or iron slats. They are pulled up or let down from within by strong cords or chains working in a casing, at the bottom of which is a box opened with a key, where the end of the cord is manipulated and fastened. The windows of the single, and especially of the stronger isolation-rooms are glazed with thick plate, which could not easily be broken.

We saw, also, in one part of this central asylum, an ingenious arrangement for wheeling a patient in bed out of doors or on a balcony. A moveable bed end and bed foot are fitted each with two rubber-tyred wheels about a foot in diameter, both working on pivots, which can be clamped in a moment to the top and bottom of a bed and removed with equal facility. In this way a bedstead with a patient in bed can be wheeled with ease out of doors or to a balcony.

It has been said of Alt-Scherbitz that the system there carried out is possible, because the patients are mostly of the quiet, chronic class, such as would be boarded out in Scotland. We can testify, however, that there are in the Central Asylum many acute and excited cases, similar to those to be found in any English Asylum. We both saw and heard them in a state of noisy excitement.

There are no walls at Alt-Scherbitz, however.

Even the closed houses are surrounded merely by a high wooden paling, and the exercising grounds, like all those elsewhere, are full of shrubs and flowering plants, and they all have good views of the gardens and grounds. The accommodation in these houses, we must summarise by saying, is from 30 to 50 each.

THE COLONY.

The colony, as we have said, is on the south side of the road, the men's part widely separated from the women's.

It is for all those cases requiring no special watching, and for whom the free treatment is not only possible but desirable. It includes also many convalescent and working patients.

The special features are the segregation of the inmates into small communities, where they live in a more domesticated and home-like style than would be possible in a large building, and the disuse, during the day time, of locks and keys. Both doors and windows are unfastened all day, and the occupants are free to stay indoors or go out into the open grounds at pleasure.

Near the women's colony the kitchen and laundry are placed, as a great part of the women's occupation lies in them, though some of the women work also on the farm and in the dairy. The kitchen is placed near the road, and in a very central position. Food is carried in a two-horse waggon, of which we give views, showing it both closed and open (Figs. 16 and 17), and it is delivered in the metal vessels, shown in the drawing, to every separate house.

It is said there is no delay in the serving of meals, and that they are delivered as hot to the last house in the round as to the first. The whole time occupied we are informed is, in two journeys, half-an-hour, *i.e.*, a quarter of an hour each.

The kitchen is well arranged with sculleries, vegetable-rooms, &c., and fitted up with modern apparatus, as is also the laundry, which, as previously stated, is situated close to it. There is a small residential annexe to the latter, where nine patients and an attendant live. Of five villas to the west of this, two are for patients of the first and second class; the other three are for the third or pauper class.

Villa A is for 20 patients and 2 attendants.

„ B „ 11 „ 1 attendant.

„ C „ 26 „ 2 attendants.

„ D „ 31 „ 2 „

„ E „ 41 „ 4 „

Villa A has also a residence for the voluntary physician, and

Villa E is provided with a small hospital ward.

There is another dwelling for women at the farm (No. 17 on Plan) adjoining the dairy.

On the ground floor live the farm inspector and another farm official, on the upper floor the gardener, and in a separate part eleven female patients, who work in the dairy, &c., and one attendant.

This house, Dr. Paetz remarked, is more than a hundred years old, but it is solidly built and roomy, and it forms a very comfortable dwelling. Attached also to the farm buildings on the other side of the yard is another old farm residence (17A on Plan) similar to the last-named, where 14 male patients and two attendants live.

They are workers in the stables, cowsheds, &c., and these, says Dr. Paetz, are the only buildings, in addition to the hospital, where male and female patients are brought so close together. No sexual accident, he says, however, has ever taken place in any part of the asylum.

Beyond the farm buildings is a good-sized recreation building and club-house with hall, stage, refreshment-rooms, &c., and attached to it there are also a billiard-room and a bowling-alley.

The old houses of the village begin near this (21a K) and working patients live in them. In the village 57 male patients are boarded with the families of employés.

The colony villas for men are north of this, and farther north are the vegetable gardens and workshops. The colony consists of seven villas:—

Villa A is for 13 patients and 2 attendants.

„ B „ 11 „ 2 attendants.

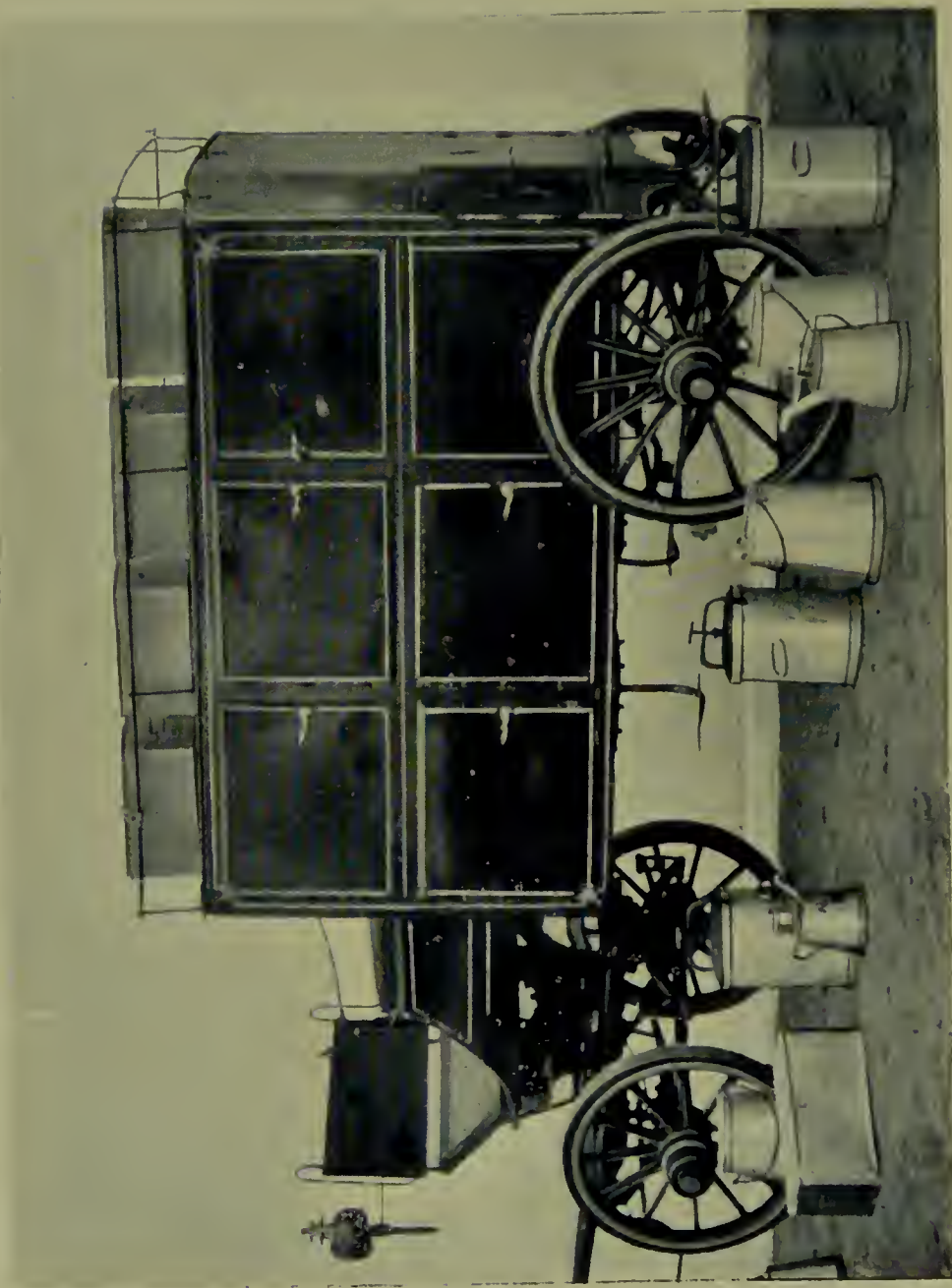


FIG. 16. WAGON FOR DISTRIBUTING FOOD, CLOSED, ALT-SCHERBITZ.



FIG. 17. WAGON FOR DISTRIBUTING FOOD, OPEN. ALT-SCHERBITZ.

Villa C is for 31 patients and 2 attendants.

„ D „	3 ²	„ 2 „
„ E „	5	„ 1 attendant.
„ F „	4 ¹	„ 4 attendants.
„ G „	4 ²	„ 4 „

The first two are for private patients, and the last, as in the women's colony, has a sick ward attached. Three assistant physicians live in villa E. The houses in the village, formerly of very primitive construction and arrangements, have been so altered and improved that they are now, Dr. Paetz thinks, absolutely sanitary and suitable for patients to live in. We give plans and views of some of the villas which show sufficiently their arrangement without further description. One special feature in which arrangements, formerly common in this country, and to some extent still to be found in some Scotch asylums (but no longer practicable in England) is in the sleeping of attendants with patients.

This is the general rule in every one of the houses we have sketched, as also in the other asylums we have visited, but in the planning of any similar buildings in this country, sleeping rooms for attendants required to be available for duty at night would have to be added, and detached blocks, with recreation rooms for those not so required, would also be necessary.

The private patients' villas are very well furnished and upholstered. All the villas are furnished with sofas, chairs, writing tables, and other tables in various forms, and flower stands. The walls of the rooms in the private patients' houses are papered; in the others they are oil painted about six feet high, and distempered above with a stencilled frieze, and they are adorned with pictures and mirrors.

The day room floors are of hard wood, polished, with sometimes a pattern or parquet border.

The beds are of iron, with a straw palliasse and horse hair mattress and pillow. There is a bedside table between every two beds. The beds for epileptics have high wooden sides, and very sloping firm pillows. The basins in the lavatories for washing are of ware, and stand on tables; the baths are of enamelled iron, and the water for them is heated in copper cisterns.

The hot and cold water are mixed to the required temperature before going into the bath. In summer as many as possible bathe in the Elster, and there is a bathing house for the purpose (27 on plan).

There is a scullery in every house, with means of heating water and warming food if required. Earth closets are in general use, and there are special sheds for drying earth to be used in these.

Regarding ventilation Dr. Paetz holds that for asylums natural ventilation by doors and windows is the best.

Electricity is in use throughout for lighting. The water used for drinking and cooking

purposes is pumped direct from springs, but that for other domestic purposes is the Elster water, pumped into a high water tower for distribution.

Two engines, of 18-20 horse power, and two of 8-10 horse power, supplied with steam from three large boilers, of which two are in use and one in reserve, do all the work of the laundry, kitchen, pumping, and the distillery, &c.

This distillery was originally part of the property, and it is still carried on, but only for profit, and not otherwise for the use of the establishment.

There is also a brickfield which is profitably worked by patients. About 80 per cent. of the patients are employed, and one principle aimed at is to have as many and as varied occupations as possible.

The material from the dry earth closets, which, as before stated, is the system in use here, is applied to the land, and the slop water is carried into the river.

The buildings on the north side of the road accommodate 550 patients, those on the south 410. This gives approximately the numbers confined and free, relatively so, of course, in each case.

In general, the day rooms are all on the ground floor, and the sleeping rooms on the first floor. There is telephonic inter-communication between all parts of the asylum.

Regarding cost of maintenance it is rather difficult to make out from the annual report what this really is.

When Dr. Paetz published his book on "*Die Colonisirung der Geisteskranken*," he gave the cost of the pauper patients as averaging 230 marks for board, for general charges of management 270 marks, together 500 marks, or £25 per annum.

For the last report year these figures seem slightly increased, as the former is 248.59 marks, and the latter 286.2 marks, together 534.80 marks, or £26 14s. 8d. per annum, a trifle over 10s. per head per week. There is no set off against this in the shape of profits from the distillery, as these are carried to a separate estate account. Dr. Paetz claims that the cost of maintenance from this and other causes, such as repayments of instalments of previous outlays which have to be paid out of income, is really lower than it appears, and that it is lower than in any other German acute or mixed asylum.

Our opinion of Alt-Scherbitz was altogether favourable. That the system there inaugurated and practised has many merits is proved by the extent to which it has been adopted, not only in Germany, but in many other European countries, and in America. In the United States the principle of segregation is carried out in several of the newer asylums, and there is a report by Mr. McDougall, lately chairman of the Asylums Committee of the London County Council, describing and illustrating some of these. Unfortunately this report is out of print and not easily accessible. We may say, however, that in the American segregated asylums the villas are generally arranged on a regular plan, round the sides of a large square



FIG. 18. FARM YARD AND BUILDINGS, LOOKING NORTH. ALT-SCHERBITZ.

or on a curved line as at the Gabersee Asylum near Munich. But in Germany the general idea seems to be, except at Gabersee, to make the houses various and more scattered. This point, though a detail, is worthy of further enquiry. We have no doubt that before any future new asylum is commenced in this country the arrangement of that at Alt-Scherbitz should be most carefully considered.

It would probably be desirable to make the dormitories, for epileptics or those requiring observation at night, either larger or connected with each other by larger openings and not by mere doors.

It is well known that official requirements as to constant supervision are stringent and onerous with us, whilst in Germany they are practically unknown, and that in case of any suicide or serious accident of any kind there is greater publicity and risk of (more or less ignorant) public outcry, to say nothing of official reprobation. Besides, therefore, the modification suggested there would no doubt be many little matters of detail which would have to be carefully considered in adapting the Alt-Scherbitz system to suit English ideas, but there is no question as to the readiness with which such modifications could be made.

In conclusion we have to acknowledge with gratitude Dr. Paetz's kind hospitality and the anxiety of himself and his colleagues, Dr. Kaiser and Dr. Engelhen, that we should see every part of the asylum and that nothing worthy of notice should escape our attention.

We have omitted one point which it is important to mention. Both the Director and his two colleagues informed us that their experience was that the smaller houses were better liked and were in every way preferable to the larger.

THE CLINICAL ASYLUM AT LEIPZIG.

This is really a hospital and a school for nervous diseases of all kinds as well as for mental diseases. It has an interesting history. The original hospital, called the "Georgen-Hospital," was founded in 1212 for orphans, waifs and strays, lost children, epileptics, imbeciles, lunatics, criminals, and homeless persons, &c. It was rebuilt in 1668, and a large proportion of the above miscellaneous classes of inmates, who had been herded together for so long, were removed to a separate building in 1700. In 1871 a separate department of the St. Jacob's Hospital was arranged for them.

The cases thus removed included the following :—"Bodily and mentally sick persons, incurables belonging to Leipzig, persons presumably insane but arrested by the police, and homeless wanderers."

Professor Heinroth commenced clinical teaching in the original building in 1811. The present Clinical Asylum, descended from this old building, consists of one large block. It was not opened till May, 1882, and the head is now the eminent professor Dr. Paul Flechzig. It is situated within the city bounds, and not many minutes walk from the railway station. The professor is at present assisted by five physicians and assistant physicians, and three voluntary physicians. Patients are received from the whole kingdom of Saxony. According to the last published annual report, the numbers were as follows :—

	Men.	Women.	Total.
Remaining on 1st January, 1898	85	76	161
Admitted.....	357	237	594
Discharged or died.....	367	237	604
Of whom died.....	32	24	56
Remaining on 1st January, 1899	75	76	151

The number of beds is 160, and they are always fairly well filled.

The professor lectures and shows cases to a class of students weekly during a summer and a winter session of four months each. At the winter course about 70 to 100 students attend, in summer the class is 120 usually. The classes are on Tuesdays, Thursdays, and Fridays for 1½ hours, and on Saturdays for two hours, and the patients are brought before the students in the lecture room.

Patients are drafted from here to other asylums, and are kept here according to circumstances, sometimes for a few weeks, but if they are interesting cases they may be and are kept for months or for years ! The professor appears to have everything in his own hands, and to

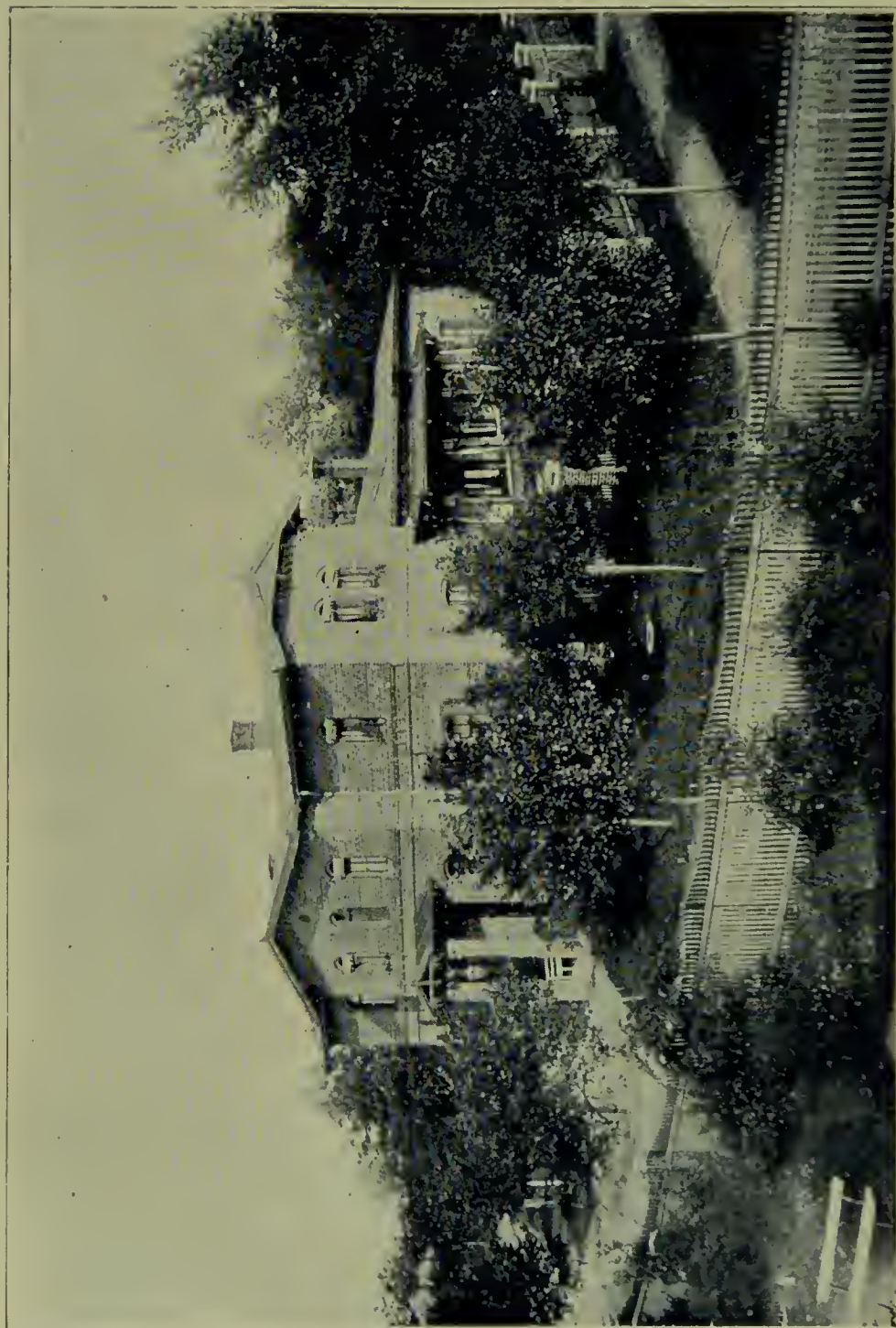
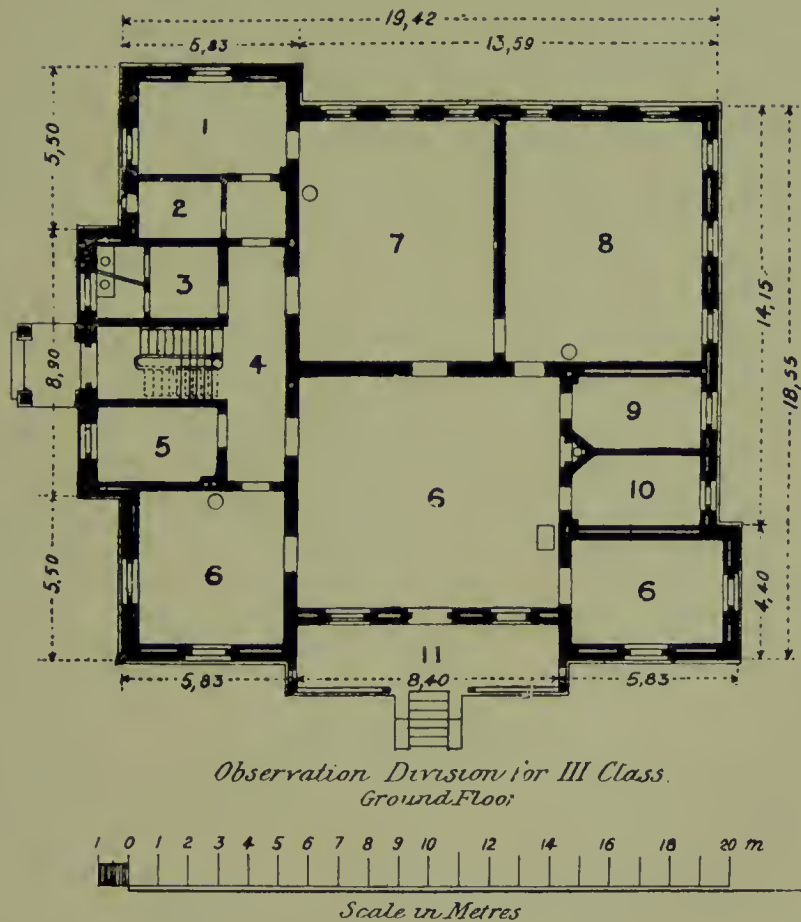


FIG. 19. OBSERVATION BUILDING FOR THIRD CLASS. ALT-SCHERBITZ.

FIG. 20. OBSERVATION BUILDING.

GROUND FLOOR PLAN.



- | | |
|----------------------------|--|
| 1. Washing and Bath Rooms. | 7. Day Room for those confined to Bed from Physical Ailment. |
| 2. Pantry. | 8. Dormitory for those who are able to be up during the day. |
| 3. W.C. | 9 and 10. Isolation Rooms. |
| 4. Entrance Hall. | 11. Verandah. |
| 5. Scullery. | |
| 6. Day Rooms. | |

have absolute power to admit any patients he pleases without any legal fuss or formalities whatever, and to discharge or keep them as he thinks right. He appears to have much the same power as the proprietor of a private asylum in this country would have as to expenses, and to make his own charges as he thinks desirable in each case.

Acute cases are here treated in bed, and, as we understood, are sometimes kept in bed a very long time.

The means of outdoor exercise are much restricted, and no outdoor work can be given, the grounds being very limited and practically in the city and surrounded by houses. The professor said, however, that he followed the hospital ideal.

There are most extensive laboratories here and a great array of instruments of research.

We saw many very interesting sections of brain showing the development of nerve fibres in the young, a research by which the professor has become famous.

Not only poor patients, but others able to pay considerable sums come here, and the charges seem to be proportionate to their means; thus, some pay 40 pf. a day to $1\frac{1}{2}$ marks a day, others three, six, or eight marks. We have nothing special to say about the wards in which the patients lived. They were fairly comfortable, but the arrangements were for the most part old-fashioned and not remarkable in any way.

The most striking thing was the great movement of the population, the great bulk of the inmates being changed several times in the course of the year. Of course many of the patients discharged are transferred to the other asylums of Saxony.

THE ASYLUM FOR THE KINGDOM OF SAXONY, AT ZSCHADRASS NEAR COLDITZ.

This, one of the five provincial asylums for the Kingdom of Saxony, contains 515 patients, and is under a director, who is assisted in his medical work by four assistant physicians.

The asylum occupies a conspicuous position on the top of a hill. It embraces very fine views from that elevation over an undulating and purely agricultural country.

The nearest railway station is Colditz, on the Muldenbahn, where carriages can be obtained, and it can also be reached from Tanndorf station on the Leipzig-Döbeln line, two hours by rail from Leipzig.

The asylum is, however, some distance, more than an hour's very pleasant walk, from the latter station, and no conveyances are to be obtained, as at Colditz.

From the year 1868 an old asylum here was merely an annexe to the neighbouring provincial asylum at Colditz, but it was made an independent asylum in 1894, and in 1895, 18 new buildings were opened, of which 10 were detached pavilions, or villas for patients, and eight were for purposes of administration.

In 1895, five other villas were in course of erection, and these, with five others, are now occupied, whilst two more have been commenced. The number of new buildings now completed, therefore, is 28, and the cost of erecting them was 2,039,155 marks or £101,957.

The number of patients was 515 on the day of our visit, and for that number, the cost for buildings only works out at £198 per bed.

The cost mentioned, it should be noted, does not include that of the two new villas which are not yet completed, nor of any portion of the old buildings.

The land attached or belonging to the institution amounts to a little over 272 acres, and its original cost was £19,463; adding together the cost of building and land, the total amounts to 2,428,415 marks, or to £121,420, equal to about £235 per bed, and this does not include furnishing.

Dr. Günther informs us there has been a good deal of buying and selling, as well as of exchanging outlying for intrusive fields, and so forth, so that the amounts stated are not minutely accurate.

Dr. Günther states the object was to get the whole of the asylum land into a compact form, lying close around the buildings, and this object has now been accomplished.



FIG. 21. FIRST CLOSED HOUSE, CENTRAL ASYLUM. ALT-SCHERBITZ.

It is noteworthy that this asylum has no main asylum building. It consists entirely of detached villas or pavilions, which are scattered irregularly about the estate, and are, with the exception of two "closed" buildings, quite open to the road, without wall or fence of any kind.

All the buildings are constructed of buff coloured bricks, with red brick trimmings, and the roofs are different from any we have hitherto seen in Germany, being of ordinary blue slate.

There is a marked contrast between those parts of the old asylum which still remain and the new villas.

Some of the old buildings have been removed, but a good many still remain.

Only two old farm houses are used for lodging patients, and these furnish accommodation for about 24 in each.

They also contain workshops. Of the remainder, six are dwelling houses for officials and their families, and one is used as a small home for nurses.

The nurses take it in turn to sleep here, as, according to the German custom, they sleep as a rule in the dormitories with the patients.

These old houses are dark and rather gloomy looking, though picturesque in their appearance. Still others of them are used for farm buildings, sheds, &c.

The two "closed" buildings for excited and criminal patients are surrounded by high walls, and have locked doors and strongly barred windows. One is for 65 men, and the other for 65 women.

There are two "half-closed" buildings for men and the same for women, two of them for the admission and observation of new cases, and one similar villa, *i.e.*, "half-closed" for each sex, of the boarder or private class.

The remaining 12 villas are "open houses." About 40 per cent. of the men and 30 per cent. of the women live in these on the "free colony" system, that is to say, with doors and windows open all day, and with a good deal of liberty to go in and out.

Of the 515 patients 259 are men and 256 women.

The admission and observation buildings were opened about four years ago, and intended for 20 beds. Each is a long pavilion of one storey; all the windows are protected with thick iron bars vertically arranged.

There is no separate day-room, but the dormitories, of which there are two in each building, serve as day-rooms also.

The beds, which were arranged in three rows, appeared crowded, and there were in fact five in excess of the proper number, *viz.*, 25 in each house.

At the end of each dormitory was a single room for one bed.

The villas for the less acute cases were similarly arranged, and each had in addition a balcony on one side.

We were told it was the practice to carry the bedsteads out upon these to air them periodically.

The closed divisions within the walled enclosures are three-storey.

The corridors were tiled with large buff-coloured tiles.

The windows were strongly barred. The wards seemed decidedly crowded and the patients were very noisy.

A large proportion of the patients here were in bed in the large dormitories.

The director himself said there were far too many and more than he liked, but that it was unavoidable.

A considerable number were seen in bed in single rooms, and some also were seen in single rooms who were not in bed.

The walled-in exercising ground was small. Some trees were growing in it, their trunks protected by square painted wooden casing to a height of nine or ten feet.

One of the houses we visited was an open house for 40 women of the third or pauper class, and here there were no bars on the windows.

The rather small day-rooms on the ground floor were dark and stuffy.

The furniture was of a substantial, very plain character, but in the villas for the first and second classes it was very good.

The accommodation in these villas is, in the smallest, for 20 patients; in others for 30, 55, or, in the case of the "closed buildings" as already stated, for 65.

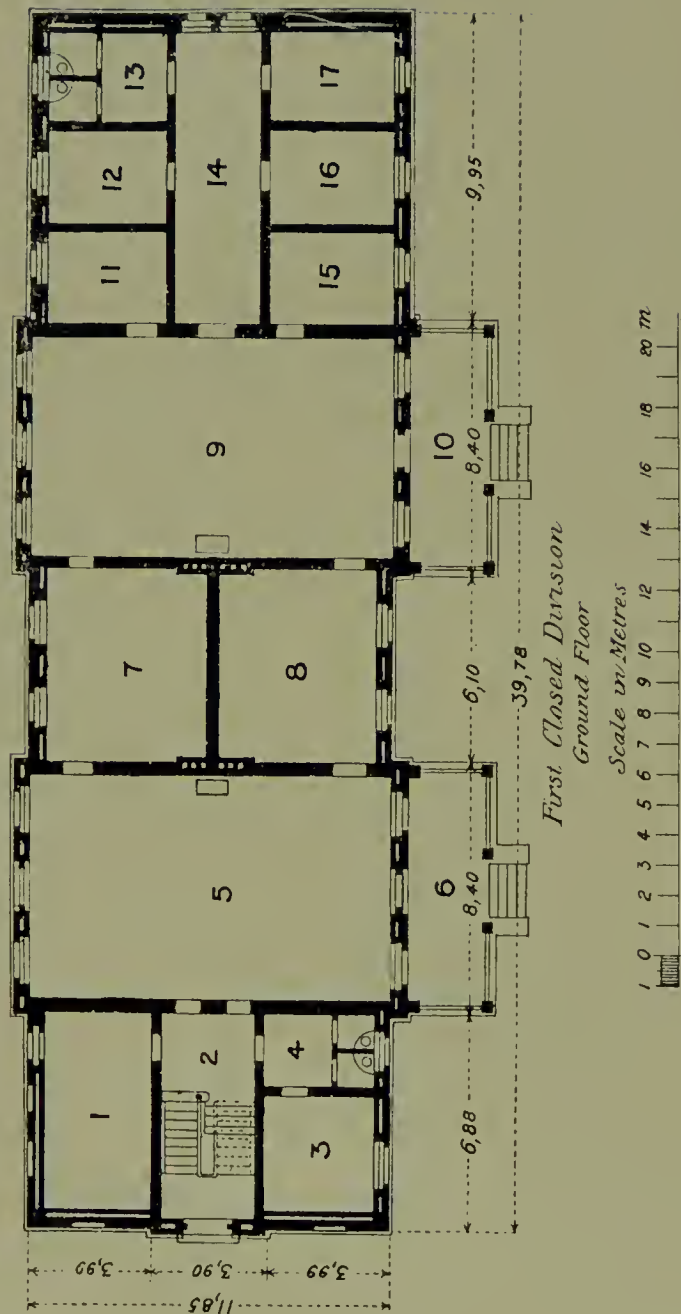
The two new villas now being erected are one for 15 females of the better class, presumably first and second class, the other for 30 females of the semi-acute kind, class not stated.

In the open houses of the colony the living rooms are all on the ground floor, and the sleeping accommodation above.

Thirty male patients at present live in the old farm buildings.

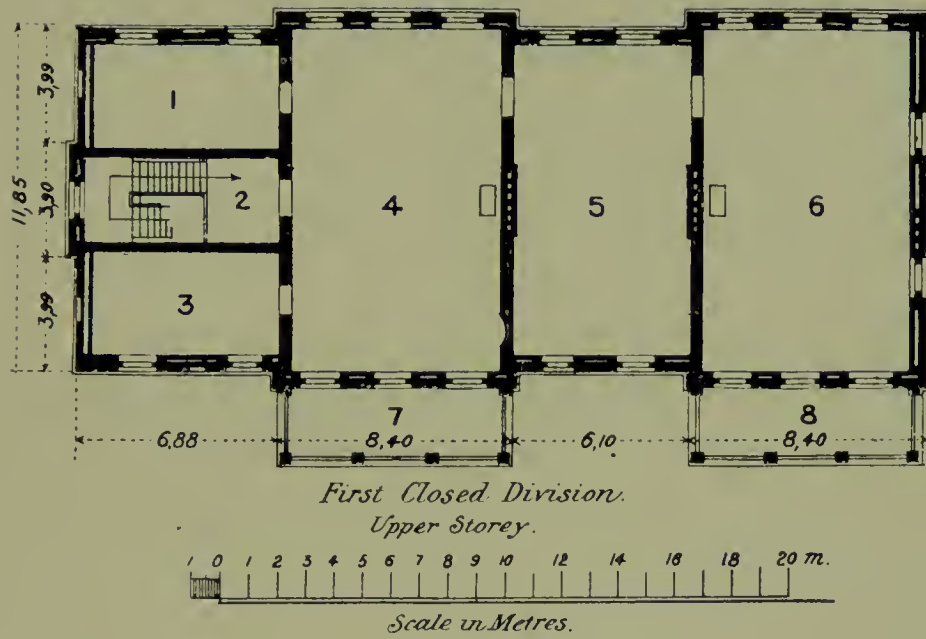
The closets are all on the dry principle, and earth or peat is used. They were not entirely free from odour. The baths in the various villas are of zinc. The whole of the asylum is lighted with the electric light, and it is worthy of note that this and the neighbouring asylum at Colditz, a mile and a half away, are served with the electric light from the same central station at Zschadrass.

FIG. 22.



1, Boot Room or Tidying Room	5, Day Room	9, Observation Room	13, W. C.
2, Entrance Hall	6, Verandah	10, Verandah	14, Entrance Hall
3, Scullery	7, Wash and Bath Room	11 & 12, Isolation Rooms	15, 16, 17, Isolation Rooms
4, W.C.	8, Day Room		

FIG. 23.



1, Clothes and Linen Room

2, Entrance Hall

3, Clothes and Linen Room

4, 5, 6, Bed Rooms

7, 8, Balconies

Each villa is heated independently by its own boiler in a basement, but the dinners are served from the central kitchen.

At the farm are 60 cows, 12 horses, and 40 pigs.

Our general impression of this Asylum, of which we were not able to obtain a plan or view, is that although similarly broken up into detached houses or villas, its general plan and arrangements are inferior to what we have seen elsewhere, particularly at Alt-Scherbitz and Uchtspringe.

Dr. Günther remarks in his report that many of his patients were unsuited for an agricultural colony Asylum. Many of them came from industrial centres and have worked in factories and so forth. They are not accustomed to or suited for agricultural work, and do not take kindly to it. Many can with difficulty only be induced to apply themselves to it.

Dr. Günther also complains of the number of noisy and excited cases who form, he says, a very disturbing element in such an Asylum. They are compelled to be sent here in consequence of the crowded condition of the other Asylums of Saxony, especially of Colditz Asylum.

Of the chronic nature of many of the cases we may judge from the low recovery rate, 13·7 per cent., and from the duration of insanity in the cases admitted, 42 having been already from 18 months to 22 years insane, while in 15 others the duration was not ascertainable but was also long.

The annual report for 1898, the last published, gives the following information :—

	Males.		Females.		Total.
Patients at beginning of the year . . .	215	...	206	...	421
Admitted during the year.....	57	...	67	...	124
Discharged	50	...	37	...	87
Of whom were recovered	6	...	11	...	17
Died	27	...	17	...	44
Remaining at end of the year	195	...	219	...	414

The proportion of recoveries to admissions is, as we have already remarked, low, being only 13·7 per cent. of the admissions, and that of deaths is about 10 per cent. on the average number resident, or 8 per cent. on the total number treated. Only four deaths were due to pulmonary phthisis.

Nine patients escaped—four men, all from the open door department, and five women, one from an open building, the others from their working places or through negligent watching, but two of each sex returned voluntarily to the Asylum.

There was one attempted suicide by a woman, who, having previously shown no sign of suicidal tendency, jumped from an upper floor window.

More than 50 per cent. of the men (to wit, 105) were employed, half in farm or garden work, and the other half in nearly equal proportions in house work or in workshops. Of the women, an average of 76—a smaller but still considerable proportion—work, mostly in the kitchen and laundry or in domestic occupations, but a number also in outdoor avocations, in the garden or on the land, as is the custom of the country.

The attendants are in number 50 of each sex, being a proportion of 1 to 5, taking them all round. This, however, includes apparently the entire indoor and outdoor staff.

The record of seclusion gives three men and three women secluded in all on 241 days, but the record seems to include seclusion during the night, and of this there were 84 instances.



FIG. 24. OBSERVATION BUILDING, CENTRAL ASYLUM. ALT-SCHERBITZ.

DRESDEN CITY

Acute and Chronic Asylums and Hospitals for the Sick Poor with Bodily Diseases.

There are three separate buildings—solid stone structures—within the same enclosing walls. They are within the city at No. 9, Lobtauer Strasse, surrounded by houses and close to a goods station on the railway line, overlooking the line in fact.

The first is a receiving and distributing house for acute cases. The chief physician, Dr. Ganser, does not reside here, but visits daily for about three or four hours, or, when required specially; but there is a resident physician, Dr. Stegmann, who gave us all possible information, and two assistant physicians.

There are no students receiving instruction, as there is no university in Dresden.

The object is stated to be that of an "observation station for cases of mental, convulsive, and delirious diseases; to ascertain their fitness for discharge, or treatment or transfer to another asylum." It is comparatively a new building, having been opened in 1889, with 120 beds, in equal numbers for each sex. Only about 40 of those for men, and from 20 to 30 for women are in actual use, as most of the patients admitted are quickly transferred and seldom kept longer than from three to six weeks.

Exceptionally, however, cases may be kept six months or longer. All kinds of cases are admitted—alcoholics, hysterics, epileptics, and other cases of nervous diseases, in addition to lunatics.

About 900 are admitted annually, and of these from 300 to 400 are sent to other asylums. There is a special department for children, but there are not many of these—from 20 to 30 only.

In the basement of this building are baths (ordinary steam, douche, and carbonic acid), besides workshops. On the ground floor are offices, visiting, and reception rooms, and on either side the wards for men and women respectively. The wards are divided into those for the "restless," the "restless needing some watching," and the "quiet."

On the first floor are the "quiet" and "half-quiet" cases, and alcoholics; and the second floor is reserved for patients who are able to pay from six to twelve marks a day. All receive the same food, the only difference being in the accommodation.

The staff of attendants is large, being in all 30 for day and six for night.

The day attendants sleep in the dormitories with the patients. There are about 40 deaths per annum.

There are, as usual, good pathological laboratories and much scientific work is done.

The rooms for the private patients are very little used, but they are well furnished ; the others in a plain, but good style. The beds are of iron with spring bottoms and hair mattresses.

The second building is also a comparatively new building, erected upon the foundations of an old one. It was opened in 1888. It contains about 444 inmates, 209 men and 235 women, all chronic cases, and many of them infirm and paralytic.

The wards were very bare and crowded, the windows were barred ; some of them opened upon verandahs, which however, were also enclosed and strongly guarded.

The patients here have steadily increased, and additions have already been required.

The same medical staff attends to the patients in both of these departments.

The third building is for bodily diseases only, and has a separate staff of physicians. We did not visit it, and the only remarkable feature which struck us about the first-named was the system of receiving, and as it were, sorting out the Dresden patients before sending them to the ordinary asylums.

We should have said that both of the buildings visited are steam heated, and electric light has been installed in the dormitories ; but in the day rooms, kitchen, laundry, &c., gas is still used.

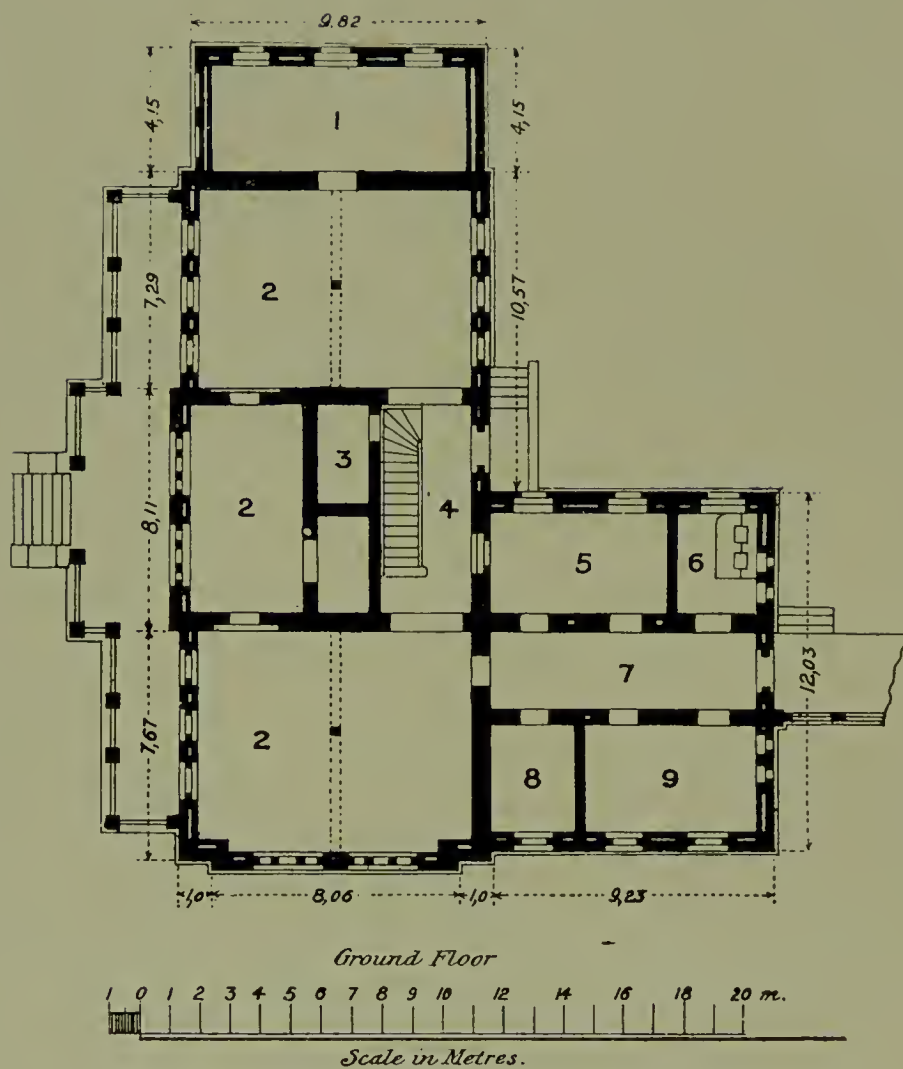
The electric lighting is, however, being extended. There is in the main building an electrically worked lift from the basement to the second floor, by which patients can be taken up or down.

The daily cost is 1s. 7d., *i.e.*, for the pauper class.

Private patients pay from 6s. to 12s. per day. Dr. Stegmann informed us that he considered the carbonic acid baths were useful in some cases, especially in cases of neurasthenia. The gas is made in a kind of soda water machine, and forced by a pump into water in a large copper cylinder, from which it is run into a bath of the ordinary shape.

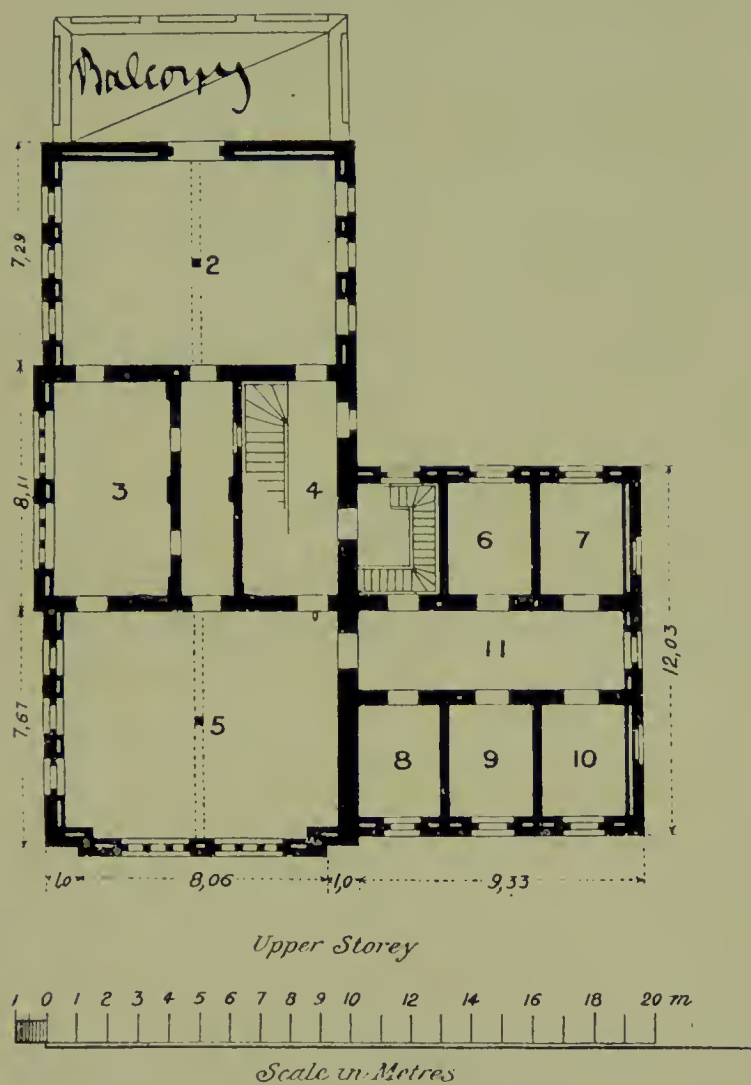
The proximity of the wards to the goods station and railway line, as we found for ourselves, was very objectionable. There was a constant noise of trains shunting, engines whistling, &c., and there must be difficulty in keeping the place clean in consequence of the smoke and dust resulting.

FIG. 25.
PROBATION AND OBSERVATION HOUSE.



- | | |
|-----------------------------|-------------------------------|
| 1. Clothes and Linen Room. | 5. Boot Room or Tidying Room. |
| 2. Day Rooms. | 6. W.C. |
| 3. Pantry. | 7. Entrance Hall. |
| 4. Open connecting passage. | 8. Scullery. |
| 9. Washing and Bath Room. | |

FIG. 26.
PROBATION AND OBSERVATION HOUSE.



- | | |
|---------------|---------------------------|
| 1. Balcony. | 4. Hall. |
| 2. Dormitory. | 5. Dormitory. |
| 3. Do. | 6, 7, 8, 9, 10. Bedrooms. |
| 11. Hall. | |

EICHBERG ASYLUM

For the Province of Hesse-Nassau.

This asylum, consisting of two large principal blocks, a farm, and some houses where a few patients live out, was first opened in 1849, near to and upon the grounds formerly belonging to an old institution, the former monastery of Eberbach, which is still standing. This was formerly a prison and was used also as an asylum between 1815 and the opening of the present asylum. The asylum is situated on the side of a hill, high up, a conspicuous object for many miles round, and with lovely views of the Rheingau country and river Rhine. It is about one hour's drive from Hattenheim, a station a few miles from Mainz. From this city the asylum can easily be reached and visited in one day. It was, when first opened, arranged for 200 or 220 patients and cost £20,000 to build.

Between the years 1881-85 additional buildings were erected for 450 patients.

On the 1st of January, 1898, there were 564 in the asylum, 42 women living in houses in family care on the estate and 74 men in a farm colony at a farm called Wachholderhof which had been purchased in 1888.

The director is Dr. Schröter, whom we did not see, but Dr. Bothe, the second physician, took great trouble to show us all we wished to see. The other members of the medical staff are two assistant physicians and one voluntary physician. The institution, occupying as it does a situation in the midst of the most celebrated wine district of the Rhine, naturally owns a large vineyard and makes its own wine.

The wine so made is exclusively for the patients' use, though, as Dr. Bothe said, it was too good and could be sold at a profit.

The asylum, even the newer parts, appears older than its age, so antiquated are many of its arrangements.

The windows are strongly barred. The cubic space in the single rooms and dormitories was, however, ample; the dayrooms very fair.

Private patients are received and pay according to their class and according to whether they belong to the province or not from 2s. 6d. to 5s. 5d. per day, those not belonging to the province paying at the higher rates.

The admissions annually are about 100 of each sex.

The discharges are about 113 of men and 68 of women, the deaths 36 and 23 respectively.

Dr. Bothe lamented much that the authorities of the province would not spend money in bringing this asylum up to date. He said, "We do not like showing it as it is, but what can we do?" We certainly were disappointed, as far as the arrangements of the asylum are concerned, with our visit and trust the managers will yet see their way to making some much needed improvements.



FIG. 27. VILLA G, FOR MEN. ALT-SCHERBITZ.

THE RHINE PROVINCE ASYLUM AT GALKHAUSEN,

Langenfeld Station, a few miles from Cologne.

This is the very newest asylum in Germany, and though occupied it is still some way from being finished. It is modelled on the Alt-Scherbitz plan, though the villas are more uniform in appearance than at that asylum. It is situated at Langenfeld, on the Cologne-Düsseldorf line, and is about twenty-five minutes' walk from the station. The land attached to it extends to 250 acres, about half of which will be cultivated as farm and garden.

We received great attention and assistance from Dr. Herting, the Director, formerly Head Physician at Alt-Scherbitz, who was good enough to send us a ground plan (Plan Fig. 34), showing the general arrangement of the asylum. It was only opened on the 1st of March this year, the opening having been delayed five months.

The building, however, was only commenced in 1897. It is intended ultimately for 800 patients.

Seven villas are now finished, and there are already 200 patients here, mostly, if not quite all, transfers from the old asylum at Aix-la-Chapelle, which has been closed.

As Dr. Herting remarked, these patients were brought from this old asylum, where they had been treated on the closed door system, many of them for years, and were put in open houses with liberty to go in and out as they liked into the open grounds, for there is not a vestige of wall or fence, and they had settled down to the new system without the slightest trouble of any kind.

This is the first colony asylum for the Rhine Provinces, but another is already projected and we add the plan of it (Fig. 35).

It was arranged to place the latter near Düsseldorf and a site had been found. The disadvantages of being too close to a large manufacturing town were, however, discovered before building had been commenced, and the provincial authorities are now looking for a more favourable site.

The Galkhausen Asylum is surrounded by pine woods, and those on the actual site and its vicinity have been preserved as much as possible, so that the villas may appear half hidden in the woods. The asylum when complete will consist of administrative buildings, two admission, two observation, and two acute villas, all closed, two hospitals with closed doors but open windows, ten open villas for men and ten ditto for women. At present the Hospital is being used provisionally with open doors also. The church lies between the two hospital buildings.

The cost of buildings and land was £150,000, or about £188 per bed.

There will be no children here, but all other classes will be admitted without restriction.

For the 800 patients the medical staff consists of the Director and two head physicians, who are all married, and five assistant physicians.

There is electric lighting throughout, and the heating is by steam pipes. The drainage from the asylum and w.c.'s is used for irrigating the land.

As regards the size of the villas, the reception and hospital buildings are for 24 beds each, and the other villas will have 40 in each.

There is of course, except for the trees, a certain bareness at present about the place, accentuated by the newness and unfinished state of the roads and buildings.

Dr. Herting thinks that some of the houses are too close to the high road, and that they are too close, in many instances, to each other. He thinks that especially the "observation" and "acute" buildings are too close to the colony buildings. He would have preferred them to be as at Alt-Scherbitz, definitely apart from each other. He does not care for many single rooms, in fact, does not like them. The colony for men again, he thinks, should be farther away from that for women.

It is not intended that there shall be any wall or fence whatever about the asylum buildings. There is the slightest of wire fences between the high road and the Asylum property which it runs through.

The houses of the director and the steward are on the farther side of this road, opposite to the asylum.

There are one or two verandahs or balconies to every house, and these were introduced at Dr. Herting's instigation, as it was not at first proposed to have them, and he intends to introduce comforts and ornaments as much as possible into the interiors, as he rightly thinks that all these things tend to promote the quietude, happiness, and recovery of the patients.

On the ground floor of the administration building are the director's office, medical conference room, clinical investigation room, visiting rooms, &c., and on the first floor recreation rooms and quarters for two assistant physicians. The other physicians are provided for in other different houses.

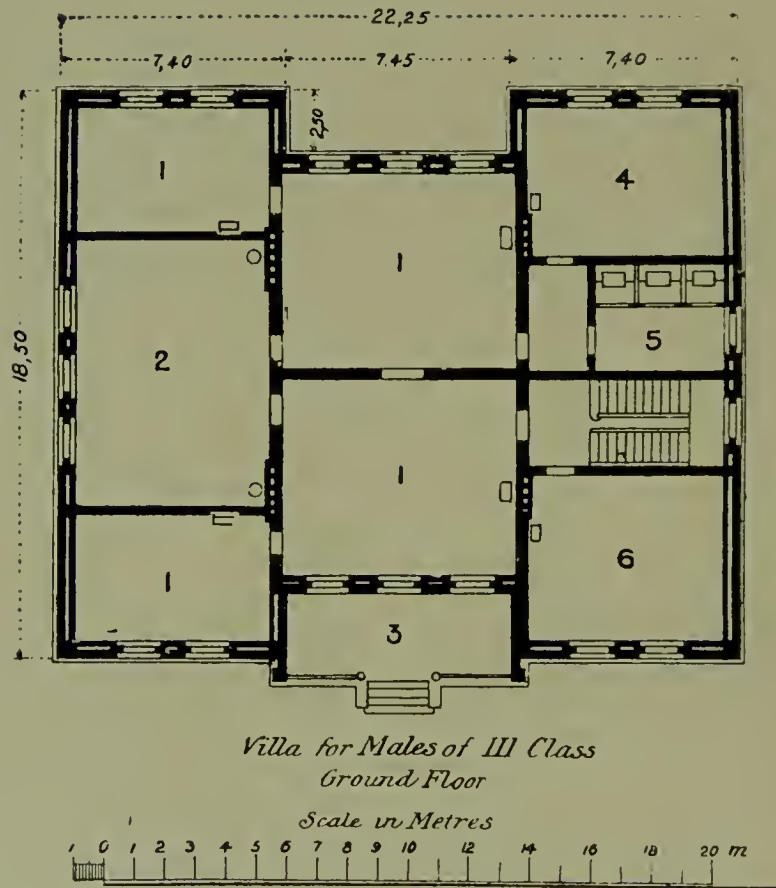
There are two houses at the farm where, when completed, 80 working patients will live.

The proportion of attendants to patients all round is one to ten. No private patients are to be taken, a somewhat new departure in Germany.

Primarily the patients will be from Cologne, and after that from the province generally. Regarding the plan of the villas, they are not, Dr. Herting says, so well arranged for supervision

FIG. 28.

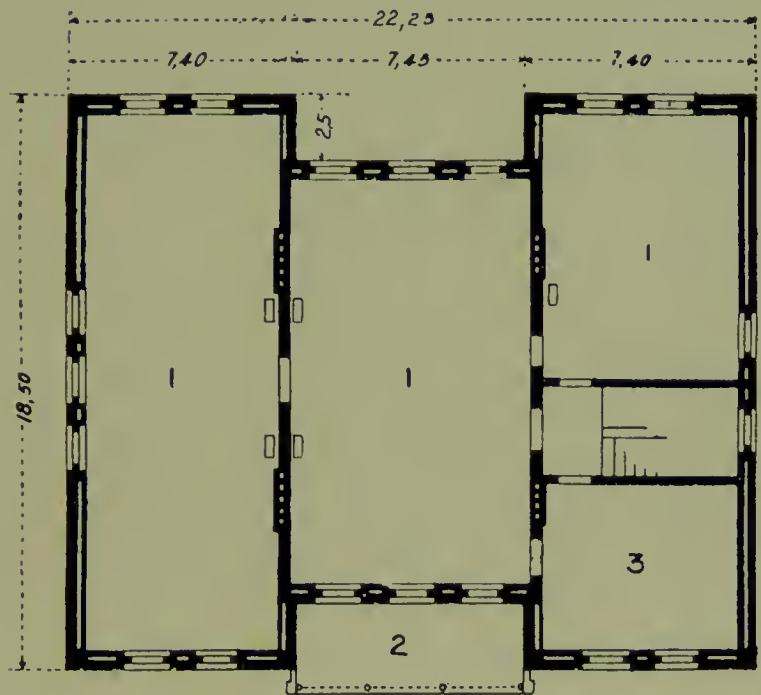
VILLA G, FOR MEN OF THE THIRD CLASS.



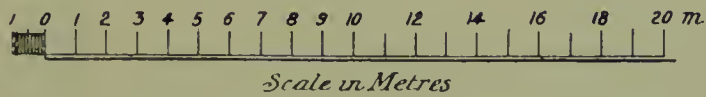
- | | |
|---------------------------|-------------------------------|
| 1. Day Rooms. | 4. Scullery. |
| 2. Washing and Bath Room. | 5. W.C. |
| 3. Verandah. | 6. Boot Room or Tidying Room. |

FIG. 29.

VILLA G, FOR MEN OF THE THIRD CLASS.



*Villa for Males of III Class
Upper Storey.*



1. Bedrooms.
2. Balcony.
3. Clothes and Linen Room.

as those at Alt Scherbitz, the rooms not being grouped around and opening off a central principal room, and in that opinion we agreed with him.

All the villas are two storey, except those for new admissions which are ground floor only. The latter are entered from a large tiled and glazed verandah, and contain a day-room in the centre, with a dormitory for twelve on each side of it. Each has four single rooms, two for observation and two for isolation, with also a general storeroom, scullery, &c. They and the two hospital buildings are specially worthy of note in this excellent institution. We were much pleased with them.

We should have stated that the administration building is heated independently, and the villas in groups of five. We very much admired the fine corridors and woodwork in the former building.

When the grounds have been laid out and planted with shrubs and flowering plants, this asylum will have an exceedingly pleasant appearance, and its situation in the midst of pine woods is an exceptionally favourable one. The sanitary arrangements throughout were very good, and the appointments of the kitchen and laundry quite up to date. Notwithstanding the drawbacks pointed out by Dr. Herting, we considered it to be an excellent example of the villa colony type, and one well worth studying by those undertaking the responsibility of providing a new asylum.

We came to this conclusion both on account of the excellence of its design (subject to the correction of the faults named) and on account of the comparative lowness of its cost.

THE RHINE PROVINCE ASYLUM AT GRAFENBERG.

This asylum is three miles from Düsseldorf. A tramcar leaves from near the railway station, and goes to a village called Gerresheim, which is about thirty minutes' walk from the asylum up a steep hill.

It was opened on the 1st July, 1876, having cost at the rate of £364 per bed. It consists of a series of pavilions with connecting covered ways and enclosed airing-courts. In 1879, through alterations and additions, principally the purchase of some neighbouring workshops and houses, the accommodation was enlarged to 400, and again a little later to 600.

On the 2nd of June, 1882, a small colony was opened. This was formed by the purchase of five houses from neighbouring owners. With only the most indispensable alterations these were adapted for the reception of 50 male patients, who now live in them and are allowed as far as possible complete freedom. Twenty of the employés live in these houses also.

In the spring of 1897 twelve additional houses and additions of single rooms were commenced, making the accommodation since 1899 for 800 patients. Electric lighting has recently been introduced.

The total number of buildings is now 34, and the area of the estate is 153 acres (of which 125 acres are cultivated as a farm), compared with 55 acres (of which 30 were cultivated at the time of opening).

This asylum was designed for an acute, or, as it is called in Germany, a "cure" asylum, but other than curable cases are taken as far as room permits.

The Director, Dr. Peretti, who received us very kindly, and showed us round, is assisted by three assistant and one or two voluntary physicians. The accommodation is, as already stated, for 800 patients, but at the time of our visit there were only 696 residents, 379 men and 317 women.

The staff of attendants consists of one chief, five head, and 52 ordinary male attendants; and of one chief, five head, and 49 ordinary female attendants. The proportion is, therefore, about one to every six patients. The report for the year ending 1st April, 1899, lately published, shows that at the beginning of that year there were 579 patients resident and 567 admitted in the course of the year.

Dr. Peretti informed us that in the year following the above the admissions were 620, so that each year nearly the entire population (of patients) is changed.



FIG. 30. VILLA IN COLONY. ALT-SCHERWITZ.



FIG. 31. VILLA IN COLONY. ALT-SCHERBITZ.

The discharges in 1898-99 were 552, of whom only 97 are returned as cured, 108 improved, and 253 unimproved, while 92 died. The recoveries are under 18 per cent. of the admissions. The report gives the following as the percentage of "recovered" and "improved" in the other Rhine Province Asylums as follows :—Andernach 17·2, Bonn 20·1, Düren 13·5, Merzig 13·6. The asylums of Aix and Galkhausen were in a transition state, and their figures are not included.

Unfortunately the report does not state whence the patients admitted came or whither those discharged went, but we apprehend that the large number of 356 unrecovered must have been transferred in great part to other asylums, or boarded out, or taken care of by their friends. A great many patients were in bed on the day of our visit, Dr. Peretti considering this a valuable method of treatment. The situation of this asylum is excellent. It is on the top of a considerable and well-wooded hill, with a public park near, and the country around is not so monotonous and uninteresting as is most of the scenery of North Germany.

The asylum, however, is much shut in by walls, and the exercising courts, though well furnished with shrubs and flowers, had the air of being strictly secluded. There was the usual German interior, polished floors, painted walls, and plain furnishing, but the wards were sufficiently comfortable, and the patients seemed fairly quiet and contented. The accommodation for private patients was very good indeed. The recreation hall was in a separate building. It is new and a fairly good room. We saw a fire engine house containing three manual engines. The cost of maintenance is about £22 per annum. There was a large model of the asylum in the entrance hall of the administration building. We were unable to obtain any plan or view of this asylum, but we cannot deeply regret this, as the major portion is old, and there is nothing in its structural arrangements to specially recommend it.

GHEEL ASYLUM AND VILLAGE COLONY.

In Belgium there are only three State asylums, Mons, Tournai, and Gheel. Lierneux, a colony asylum, is a provincial establishment, and all the others are private.

The Government therefore pays three-eighths of the cost of Gheel—that is of the maintenance of paupers—pays what pensions are given, and appoints the officers.

Gheel is a village of about 11,000 inhabitants, situated on the Campine, a wide and flat plain, about 25 miles from Antwerp, and nine miles from Heerenthals. A few years ago it could only be reached by diligence from Heerenthals, but there is now a railway with a station named Gheel, about one mile from the village. The patients who number at present 1,950, live mostly as boarders in houses in the village, or in small farm and other houses in the surrounding district, extending to about 24,000 acres around the village. There is now also a central asylum, accommodating only 65 patients, which was opened in 1862. Lunatics have, however, lived as boarders here from time immemorial.

Tradition assigns its origin as a place of cure to a period 1,200 years ago.

An Irish Pagan king, then, it is said, ruled here, and by his cruelty he caused the death of his young and beautiful wife, who, through the teaching of a priest named Gerebern, had embraced Christianity.

Before her death she had caused her only child, a daughter named Dymphna, to be concealed, and subsequently Dymphna, the future saint, was conveyed by Gerebern to a distant convent, where she also was brought up in the Christian faith. Many years after, the king, having tracked and discovered Dymphna, now a beautiful woman, demanded that she should marry him, and, on her firm refusal, in his rage cut off her head and mortally wounded Gerebern who tried to protect her. The scene of these murders became a shrine, and miraculous cures, it was said, became numerous on this spot. Pilgrimages became common, and among those who were brought to be cured were insane and idiotic persons. A church was erected on the spot and dedicated to St. Dymphna, and a dwelling with a chamber for these patients was attached to it. Rings are still to be seen on the floor and walls to which the unfortunates were chained. As they became more numerous the pilgrims were received in the houses of the villagers, and in process of time the system became organized, and payments were regulated.

It was not till 1838 that the local authorities took official cognizance of this system and made rules, regulating the connection between the villagers and the patients. A commission

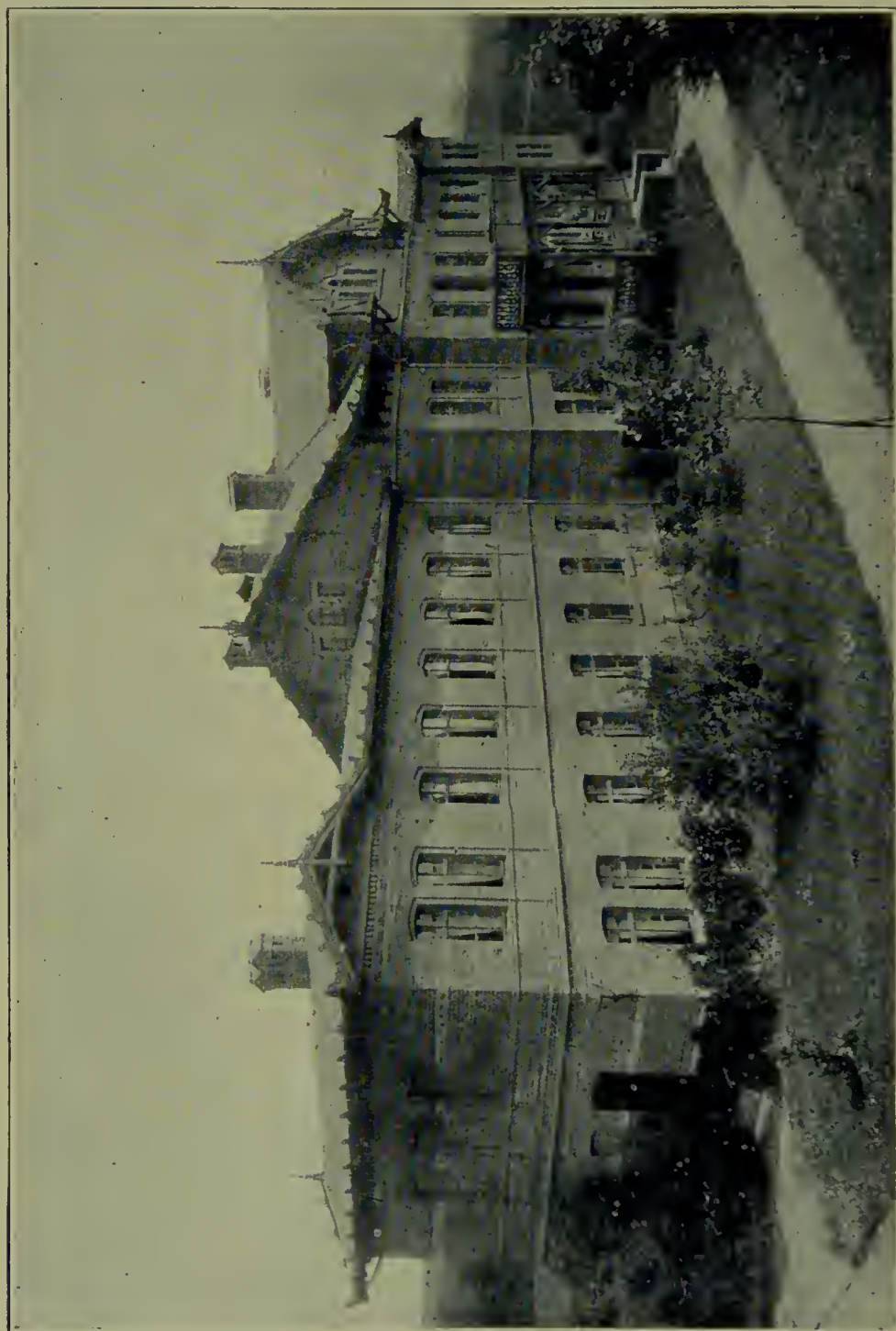
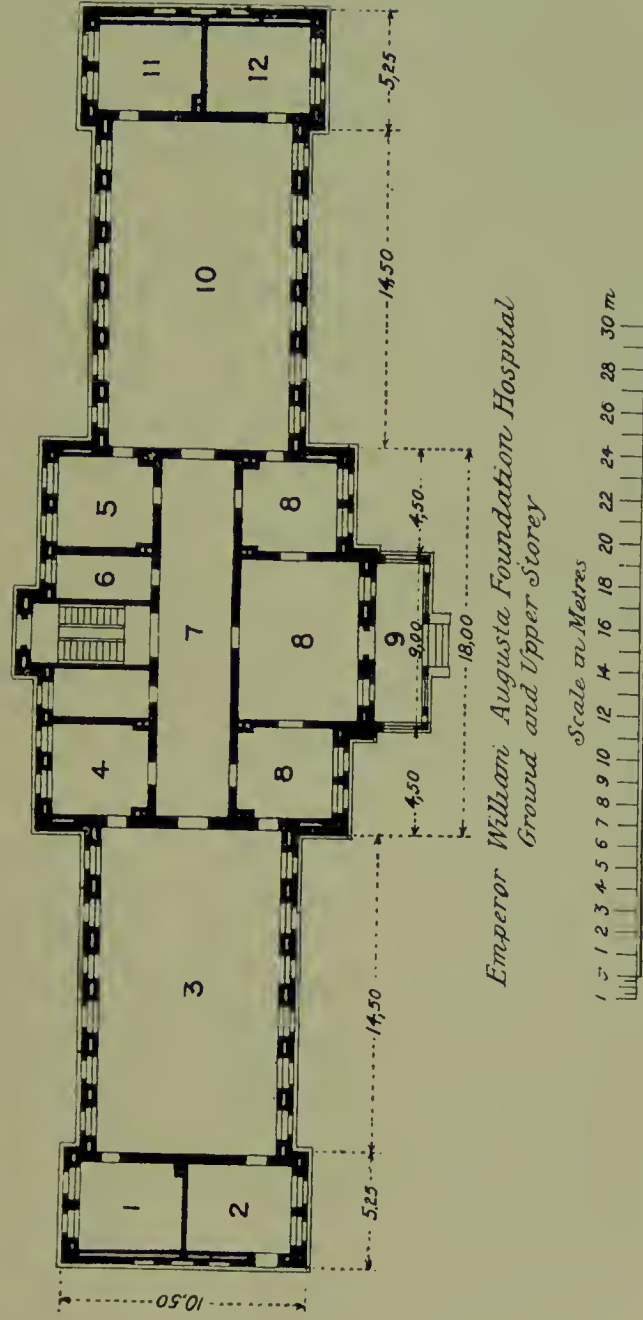


FIG. 32. EMPEROR WILLIAM-AUGUSTA BUILDING. ALT-SCHERRITZ.

FIG. 33. THE EMPEROR WILLIAM-AUGUSTA BUILDING.

PLAN OF GROUND AND FIRST FLOORS.



- | | | |
|--------------------------------|--------------------------|-----------------------------|
| 1. Linen and Clothes Room. | 6. W.C. | 10. Dormitory. |
| 2. Room for Moribund Persons. | 7. Hall. | 11. Linen and Clothes Room. |
| 3. Dormitory for Sick Persons. | 8, 8, 8. Day Rooms. | 12. Bedroom. |
| 4, 5. Washing and Bath Room. | 9. Verandah and Balcony. | |

was appointed by the Belgian Government in 1849, and a lunacy act was passed in 1850, and in 1851 a special code was issued with reference to Gheel. Other codes were issued in 1860, 1878, and in 1884, dealing in detail with the administration, and the latest is dated January, 1890.

We have been favoured with a copy of the latest of these, and have read it with interest. The organization and administration, medical service and general treatment are dealt with in a comprehensive series of rules. Food, clothing, visits, treatment, hours of rising and going to bed, and of meals are prescribed stringently, and the Government, through the permanent committee, evidently interests itself to an extent which is truly paternal in the good management and success of the establishment.* Of the total number here, 200, we were informed, are epileptics. All of these are boarders, and none are in the central asylum.

Dr. Peeters, the medical director, is assisted by five assistant physicians and a special pathologist who does no other than scientific work.

All pauper patients are received first in the central establishment, and thence are drafted to the care of registered "hosts" or "nourriciers." If a patient shows dangerous tendencies the law requires that he shall be at once sent away to a closed asylum. Thus this is not intended, and does not claim to be an establishment for dangerous lunatics.

The same article of the code prohibits the admission of cases requiring continuous restraint, of suicidal cases, homicidal cases, incendiaries, those likely to escape, and those likely to disturb the public order, or commit acts against decency. We saw one youth in the central asylum who had attacked and wounded his "nourricière" with a hatchet, and was awaiting his removal.

It was a reproach at one time that there were no bathrooms in Gheel, but there are now three central bathrooms in different parts of the district, so that although some of the inhabitants may have to walk some distance to obtain a bath the means are there for them.

The central asylum, where the director's house is placed, contains three departments, one an observation department for recent cases, one for the sick with bodily diseases, and one for acute cases, or those who have committed some misconduct or dangerous act. The last we liked least. There was a row of rather bare-looking rooms opening from a corridor or passage. At the back was another corridor with a large barred but unglazed window looking into each room. There was a closet with a fixed seat in each, and the pan could be removed from the outside only. The arrangement was very prison like.

The dormitories and generality of the rooms were very clean and comfortable, the beds hung with white curtains. About 70 per cent. of the patients are capable of doing some work, but there are many idiots and infirm. Suicides we were informed are rare. If one occurs information has to be given to the Minister of Justice and to the Permanent

* The Permanent Committee consists of the Burgomaster, a Justice of the Peace, a Physician nominated by the Minister, and three other members. They meet at least once a quarter.

Committee, and the latter hold an enquiry. Sexual accidents have happened in several instances, but only at intervals of years, and escapes are uncommon because, Dr. Peeters says, the patients do not want to escape, and if they do the people for miles round know them well and they are soon brought back. It is reported there were only five in 1899. The life led by the patients in the houses we visited seems to be exactly that of the people they live with. They eat the same food at the same table, and take part, if they are fit, in the household or outdoor avocations of their "hosts."

The size of their rooms, their bedding and clothing, and the cleanliness of the rooms, are all regulated by the law, and certainly the rooms we saw were, at the least, as good as those of the hosts, and in all cases they were very clean.

Many of the patients are of more or less unclean habits. and the payments for their board are regulated accordingly.

For a clean patient 8d. per day is paid to the Administration, and 6d. out of this is paid to the host. For a somewhat unclean case 9d. is paid to the former, and of this 7d. goes to the host, while for a dirty patient 11d. to the former and 9d. to the host. Thus in each case 2d. a day is taken as the cost of administration, medical supervision, &c.

Private patients are taken, and the rates of payment vary according to their means, within limits of from £16 to £150 per annum in general. Compared with the cost in other Belgian Asylums the cost for pauper patients is very low—only one other being as low, or nearly as low.

At the same time the mode of living is extremely primitive. Outside of the village the inhabitants are farmers on a very small scale. The living-room of the house generally has a brick or hard clay floor, very rough furniture, and a vast open fireplace with a big iron pot swinging on an iron bracket.

This room is kitchen, dining-room, and sometimes the host's bedroom. A door opens direct from it to the byre.

The patient always has a separate room either on the ground floor or in the attic. If the latter, it is reached by a ladder or steps which resemble a ladder in steepness. The natives of this district are content with their conditions apparently, and so also seemed the patients who lived with them.

About 1,100 houses in the district receive 1,600 patients, and the remainder, who are not in the Central Asylum, are boarded in houses in the village itself. If the patient can do a little work the profit goes to his host, but the latter is expected in that case to provide some little indulgence in the shape of food, beer, or tobacco, or to give a small sum of money to the worker. As a rule only one patient is allowed in a house, but occasionally two. Dr. Peeters told us if more than one or two were allowed he found they were no longer a part of the family, but were apt to be treated as apart from it.

In addition to the staff of six medical men there are seven lay inspectors who visit every house in their respective districts once a week. A singular feature of the place is the presence of small estaminets or public-houses, some of them with patients living in them as boarders. We were told that the proprietors were under the strictest orders about giving drink to patients, and that no harm came of it.

Dr. Peeters would like to abolish them, but has not the power to do so.

Mechanical restraint was formerly much used in Gheel. Previous visitors have described seeing patients fastened to chairs, wearing camisoles or strait-waistcoats, locked gloves and belts and straps; also, in the case of patients likely to escape, hobbles.

The author of "Flemish Interiors" and "Gheel, the City of the Simple," writes (in 1869) in the following tolerant way: "Each of the six 'Gardes de Section' is responsible for those located in his own district, and if he perceive in any unusually vicious lunatic an intention to give his host the slip, all he would do would be to fasten round his ankles the humane contrivance (*i.e.*, the hobbles) which, while it could not hurt a new-born child, would prevent the wearer from running away, and at the same time admit of his being left at large." Many such sights which were formerly to be seen are now things of the past. We were told before coming here that Dr. Peeters had made many reforms and improvements. Not the least is the abolition of these objectionable methods of restraint, and, in fact, of restraint in toto. Dr. Peeters tells us he substitutes the bed treatment, as practised in Germany, which he finds efficacious. He specially recommends it for melancholia.

The occupants of some of the humble homes we visited were peasants of the poorer class, but we were struck by the honest kindness of their faces and the evident interest they took in their boarders. That occasional abuses must exist we do not doubt. They will crop up under any system in the world.

We think that at Gheel we saw a remarkable system, grown from a legendary foundation to its present enormous extent, which is both humane and successful in its own sphere. That it would not be possible in England goes without saying. Such a system must grow. It cannot be made, and its growth requires centuries.

Attempts are being made to establish it elsewhere, at Dun Sur Auron, for instance, in France, but this is only on a small scale and in a tentative way.

The chief disadvantages are the want of constant control and supervision.

We saw patients walking about the village and country lanes alone, one woman was bowed down on the ground at the closed door of the ancient church of Ste Dymphna, and appeared to have been so for hours.

In winter or cold weather they must often expose themselves, for want of sufficient knowledge, to cold and wet and to over-fatigue at all seasons.

If workers, undue advantage may be taken of them by their guardians or others, or if

they have money, as many of the private patients have, advantage may be taken of them in this way, though there is a stringent rule against it. Whether the aggregation of this large body of lunatics in a limited space is morally beneficial to the sane inhabitants, we cannot tell.

There is a proverbial saying in Belgium about being as mad as a Gheelese, and it is understood not to apply to the legally qualified lunatics. But there is no evidence that there is an undue proportion of insanity among the natives. One would expect it certainly, as generation after generation continues the same association. On the whole, as far as boarding out is concerned, we are in favour of applying the principle of segregation here also and spreading out rather than concentrating the boarders. In this point lies the difference between Scotland and Gheel.

We have only to add that Dr. Peeters reports the recoveries during 1899 to be at the rate of 23·3 per cent., and the death rate in a ratio to the total numbers of 5·7 per cent., both commendably good results of the treatment pursued here.

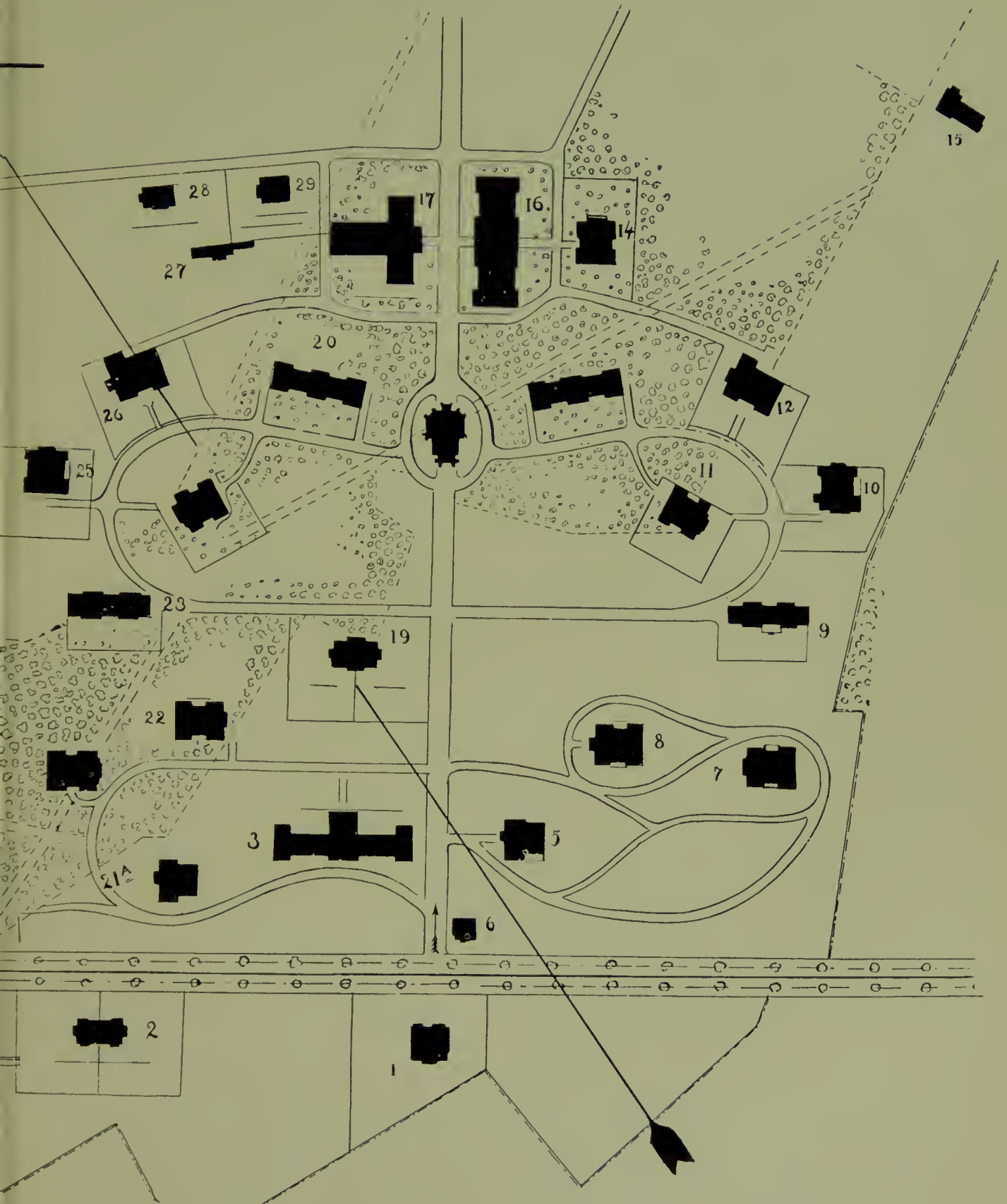
We owe Dr. Peeters a debt of thanks for his hospitality and his obliging explanations of all we wanted to learn about this interesting and historical village. It is obvious that its insane inhabitants owe a great deal to his enthusiasm and humanity, and it is evidently a labour of love for him to expend this labour and zeal in promoting their well being and happiness.

FIG. 34. PROVINCIAL

1. Director's House.
2. Residences of Steward and Accountant.
3. Administration Building.
5. Villa for Private Patients, Female.
6. Gate Porter's House.
- 7 and 8. Villas for Women.
9. Admission House, Women.
10. Observation House, Women
11. Intermediate House, Women.
12. Acute and Excited Cases, Women.
13. Hospital for Women.
14. Villa for Women.
15. Graveyard and Mortuary Chapel.
16. Kitchen and Laundry.
17. Boiler and Engine House.
18. Church.
19. Residences of two Assistant Physicians.
20. Hospital for Men.
- 21a. Villa for Private Patients, Men.
- 21 and 22. Villas for Men.
23. Admission House, Men.
24. Intermediate House, Men.
25. Observation House, Men.
26. Acute and Excited Cases, Men.
27. Wash House.
28. Gardener's House.
29. House for Engineer and Head Attendant.
30. Main Entrance from Public Road from
Langenfeld.



SYLUM AT GALKHAUSEN.



FRANCE.

ASYLUMS OF THE DEPARTMENT OF THE SEINE.

We omitted seeing the old asylums of Salpêtrière and Bicêtre, and visited only the Asylums of Ste Anne, Ville Juif, Ville Evrard, and a new asylum, part of which is nearly finished, near to Ville Evrard, called the "Maison Blanche." We visited first Ste Anne.

Ste ANNE ASYLUM, PARIS.

This is a comparatively old asylum. It was opened in 1867, and being built of stone, has an air of mature solidity. It is on the pavilion system, like nearly all the modern French asylums. The roofs are red tiled and that removes some of the somewhat sombre general effect. It is situated on the outskirts of Paris in the Faubourg St. Jacques to the south of the city and surrounded by houses. It is easily reached by tramcar from the Hotel de Ville. The grounds, which are nicely laid out with trees, shrubs, and flowers, are enclosed in a high wall, and both the surrounding houses and the adjoining railway are well shut out.

The grounds are 37 acres only.

The cost of the original buildings was £359,804, and the accommodation originally was for about 616 patients. The cost mentioned was for buildings, land, and furnishing. The cost per head—all these items being included—was £584, but for building alone, it was £340 per bed. Additions have been made since the opening, and there are now 1,050 patients, the sexes being in about equal numbers.

There are three departments—one for admitting, examining, and distributing patients; one clinical department; and a main asylum for men and women. There were formerly private or paying patients, but there are now none here.

Dr. Magnan is physician in chief, and there are three other physicians—one for each of the three departments last named.

Besides these there are eleven internes, of whom five or six are qualified medical men, the others, senior students.

All the patients from the Department of the Seine pass through Ste Anne's after a variable period of observation to other asylums, unless they recover in the meantime.

The number of admissions annually is therefore very high—about 4,000. After being sorted out they are drafted to other asylums according to a scheme of classification.

Female alcoholics are sent to one asylum, epileptics and male alcoholics to another, idiots and imbeciles to another, and so on.

The entrance to the asylum buildings is by a broad avenue from the gates into a long rectangle, open only on the approach side. Here are the administration buildings, director's residence, and the central admission and examining department.

The pavilions are behind, in series, men on one side, women on the other.

They are connected one with another by covered galleries. The day rooms were very clean, though rather bare as compared with English asylums. The furniture was substantial and good. There was little decoration by pictures, &c. The floors were of hard wood, waxed and polished. The sanitary appliances rather primitive.

All the day and dining rooms in the asylum section, with a few dormitories, are on the ground floor, but most of the dormitories are on the upper floors. All of these were small, none that we saw containing more than 12 beds, but we were told some had 16 or 17; the beds were iron with spring bottoms, many of them of the box shape, and some with padded sides. The windows open vertically in two halves, and are fastened with lock and key.

The patients exercise in the yards or spaces between the pavilions, which are laid out with flowers and shrubs.

The means of outdoor occupation are naturally very limited. We saw a considerable number of patients in bed.

Dr. Magnan spoke very highly of the bed-treatment for various forms of insanity.

He believed in it, especially for forms of melancholia where the circulation is feeble. At the same time he thought that in some German asylums it was carried out to an exaggerated extent.

We saw, however, patients who had been in bed six weeks, and Dr. Magnan said he sometimes kept patients in bed for three months. Such cases are usually taken out for exercise every afternoon for from one to three hours as ordered, and then back to bed again.

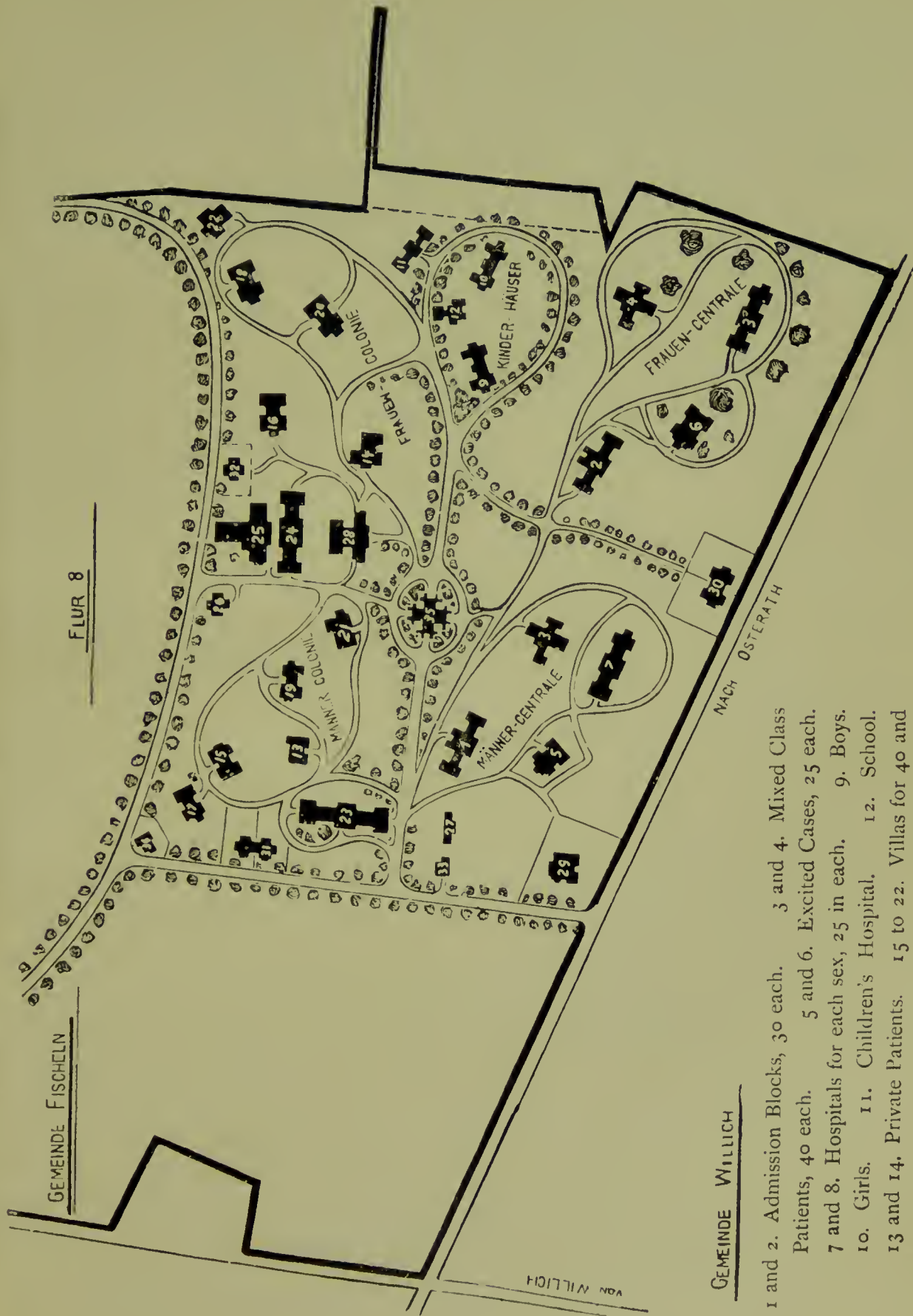
Dr. Magnan also recommends prolonged warm baths as treatments, but whereas the baths were at one time continued for from five to six up to twelve hours, Dr. Magnan now never keeps a patient in the bath more than one hour.

Mechanical restraint is now never used, but there are isolated strong rooms at the ends of some of the pavilions, and we saw several cases of patients secluded in these. No stimulants are given as part of the ordinary diet here.

Dr. Magnan informed us that their use was abandoned a few years ago and the results are altogether good. Dr. Magnan is himself, we may remark, a total abstainer.

FIG. 35. PLAN OF NEW RHINE PROVINCE ASYLUM

FOR 800 PATIENTS, 720 PAUPER AND 80 PRIVATE, IN EQUAL NUMBERS OF THE SEXES.



- 1 and 2. Admission Blocks, 30 each. 3 and 4. Mixed Class Patients, 40 each. 5 and 6. Excited Cases, 25 each. 7 and 8. Hospitals for each sex, 25 in each. 9. Boys. 10. Girls. 11. Children's Hospital. 12. School. 13 and 14. Private Patients. 15 to 22. Villas for 40 and 45 Patients. 23. Administration. 24. Kitchen and Stores. 25. Boiler and Engine House. 26. Mortuary, Section Rooms, and Ice Cellar. 27. Laundry. 28. Recreation Building. 29. Director's House. 30. Medical Officers' House. 31. Stewards and Clerks. 32. Engineer and Chief Attendant. 33. Gardener. 34. Porter. 35. Church.

The dayrooms appeared to be crowded, and there was some consequent noise and restlessness.

The dinner we saw served in the hospital section was very good. It consisted of soup with bread, meat, and vegetables, and milk was given as the beverage.

We accompanied Dr. Magnan on his morning visit to the wards. Two of the internes, the head attendant, and a lady medical student were in the party. One of the internes carried a bundle of sheets with the histories of the cases. Dr. Magnan asked for a history of a case from time to time, and after examining the patient prescribed or gave instructions which the internes noted down. The visit resembled that of a physician to the wards of an hospital, and in the course of it general questions such as the causation of general paralysis, the influence of alcoholism, and of hereditary predisposition in men and in women, were discussed.

Dr. Magnan stated in his experience syphilis was a cause of general paralysis in about 35 per cent. of the cases, though the German physicians place the proportion much higher. Alcoholism is found in about 40 per cent. of the men but in only 17 per cent. of the women.

Suicides are rare here, and there has not been one in the last three years.

Dr. Magnan says the number and use of single rooms has been much diminished, and that cause and the "garden-liberty" now allowed has much reduced these and other risks.

The proportion of attendants is, however, high, in the acute division one to four, and this we thought contributed to the security from accidents.

There are six night attendants for each (male and female) side, but though epileptics are numerous—more than 300—there is no continuous night supervision.

The cost of maintenance is about 2s. 5d. per diem. There are excellent laboratories, chemical and pathological, where researches are pursued by Dr. Magnan and his colleagues. There is no special pathologist. Indeed the only place, of all those we visited, where there was one was Gheel.

The sewage of the asylum, water carried, is received into the Paris sewers. Although this asylum is somewhat old and its arrangements somewhat antiquated, we were impressed by the evident care and kindness bestowed upon the patients, and by the way in which disadvantageous surroundings were to a large extent neutralised by the skilful treatment of Dr. Magnan and his colleagues.

VILLE JUIF ASYLUM, PARIS.

This is another pavilion asylum. It lies to the south of Paris, about two miles beyond the barrier, and the terminus of a tramway which starts from the Hotel-de-Ville is within 300 yards of the asylum gates.

On entering these, the administrative buildings are found to occupy three sides of a square.

Dr. Marie, one of the physicians, in the absence of the director, received us and took us round.

Behind the administration is the recreation hall, then the dispensary and stores and the kitchen. Behind the kitchen are two hospitals, one for men and one for women.

There are three double pavilions for men and the same for women on either side of the central axis. We could not obtain a plan, but the arrangement of the pavilions is easy to understand, and not unlike that of the pavilions of the Herzberge asylum.

There are servants' quarters at the back of the hospitals, and quarters for male and female attendants respectively on their separate sides. The laundry and boiler house are in a detached block, the walls are stone, and the roofs red-tiled.

The dinners are served in the respective pavilions from the central kitchen, and tramway lines are laid for the dinner wagons, but we were informed they are not used, as it is found more convenient to run the wagons on the cemented paths. They are then never liable to be derailed—so Dr. Marie remarked.

This asylum was opened in 1884, but it was not completed till 1890.

The land attached amounts to 50 acres only. The cost of building was 9,910,000 francs, furniture and fittings 1,390,000 francs, together 11,300,000 francs, or £452,000.

The accommodation being for 1,400, the cost per head was £322. The actual number of patients now here is 1,500.

The cost of maintenance is about 2s. 4d. per diem. per head. There are four resident physicians and four internes, of whom two are chemist-dispensers. There are three well-equipped research laboratories. The proportion of attendants to patients is as 1 to 12. The lighting is by gas.

The exercising courts between the pavilions are much shut in. A high wall bounds them enclosing the asylum itself, and there is another wall outside of that enclosing the grounds. The pavilions are open also to the objection of facing each other, and the views therefore from both wards and courts are extremely limited.

In the bathrooms here we saw apparatus for carbonic acid baths, and an arrangement for applying douches of varying height to the head whilst the patient was in a bath, and we saw also canvas bags and straps for enclosing a patient whilst undergoing the prolonged warm bath. Dr. Marie said he did not now prolong these baths beyond four hours, and was gradually diminishing them, as he did not find them of much use. The *camisole* is in use for restraint. Dr. Marie thinks the carbonic acid bath is not of much use.

Another peculiar arrangement was that of fixed w.c's. in some of the dormitories,

enclosed in a low partition, open in front, which projected into the room. Though the wards were very bright and clean, they seemed too crowded, and in the pavilions for the acute cases there was much noisy excitement and restlessness. We missed the appearances of quiet and contentment which we had noticed so much, speaking generally, in the German asylums, and there certainly was a marked absence of the freedom so conspicuous there.

Dr. Marie is a believer in the colony system, and informed us that he was the means of introducing something of the kind at Dun-sur-Auron, near Bourges, where a colony has recently been established. It appears that this colony is for women only, however, and as we were informed elsewhere, for women of a certain age.

VILLE EVRARD ASYLUM, PARIS.

This asylum is of a similar model to the last. It is situated at Neuilly-sur-Marne, and is most conveniently reached by train from the Bastille Station to Nogent. From Nogent a tramway runs to the asylum gates. The estate extends to a little over 202 acres.

The buildings, for 620 patients, were opened in 1868, and cost £178,287; for furniture and fittings £32,000, or £339 per bed. An addition has been made a few years ago in the shape of a large asylum for private patients. It is built in the form of large pavilions, two of them on each side being connected by a covered way, but otherwise quite detached, as are also the other pavilions and buildings of which this part of the asylum is composed.

This system of construction is much superior to that of the asylum for paupers, which is arranged as at Ville Juif in two rows of parallel pavilions. The airing courts here have the advantage over those at Ville Juif, in that their outside boundary walls are sunk in a ditch and cutting, so that they are hardly seen, and the patients can look beyond them and, upon the women's side especially, over very pretty country.

The general interior arrangements are very similar to those of the other Paris asylums. The wards seemed too full of patients, many of whom were very noisy, and we saw some women wearing an extremely ugly strong dress of jacket and knickerbocker trousers, which we considered objectionable.

THE MAISON BLANCHE ASYLUM, PARIS.

This is a new asylum not yet completed or opened. It is built of red brick with stone dressings.

The director had just been appointed, and made his first visit on the day we were there, when we were introduced to him. The main difference between this asylum and those we have previously seen in Paris consists in the absence of walls. The portion now approaching

completion is intended for female alcoholics, and another equal portion which has been planned, but not yet commenced, may be for male alcoholics, or perhaps for women. A decision has not yet been arrived at.

The portion nearly ready will accommodate 1,500 patients. The pavilions are extremely light and elegant, but the frequent repetition of them in two long rows is not pretty. We much admired the façade of the administration building, which is very handsome and well planned.

The arrangement of the building is similar to that at Ville Juif and Ville Errard, but the boundaries of the asylum will be simply iron railings, and those of the airing courts between the pavilions of a high unclimbable iron fence. This will at least allow the advantage of an unimpeded view to the inmates. The interiors, which were not yet furnished, were well lighted and ventilated, and the general appearance of the wards was cheerful and bright. We were not able to ascertain the cost, nor have we been able to obtain official statistical information, as at each asylum we were referred to the Prefect of the Seine, and our repeated applications for information have, as yet, received no reply.

In all the asylums of this department which we visited the director is a layman, and there is a physician-in-chief. These have authority independent of each other, and in theory they work together in parallel but separate lines. The director has the general administration, the economy and the domestic arrangements in his charge, while the physician-in-chief is supreme in the wards and in the general management of the patients and in all that concerns their treatment. Formerly this system was general in France, but to-day it has almost wholly ceased to exist outside of the metropolitan area. It was found that the line of demarcation could not be strictly drawn, and that occasions for difference of opinion and conflict of authority were frequently occurring. It has now become the usual custom to appoint the physician-in-chief as medical director, with control of all departments, and this system as been found to work best.

CONCLUDING REMARKS AND RECOMMENDATIONS.

Before discussing the relative merits and demerits of the Villa or Colony asylum, it may be interesting to point out one or two features wherein the administration of German asylums differs somewhat from what obtains in this country.

We were especially struck with the large proportion of medical officers in the German asylums as compared with the number in English asylums. By a reference to the table given at the outset of this report (p. 2), it will be seen that the proportion of physicians to patients in the German asylums is about 1 to 105, whereas in England 1 to 300 would be nearer the mark. This means that in proportion to the number of patients there are about three times as many medical men employed in Germany as in England to look after the welfare of the insane. Without attempting to define what would be the ideal ratio to adopt (which would indeed differ with different classes of cases) there can be no doubt that many of our English asylums are under officered, and that many advantages would accrue if a larger staff enabled a more minute study of individual cases to be made than is at present possible in many of our institutions.

Again, and partly as a result of the above, there was much more evidence of active scientific work in the German asylums than is usual in this country. Whilst gladly recognising that in England considerable advance has been made in the direction of pathological research in our asylums as compared with what used to obtain in comparatively recent times, it is nevertheless true that such research as is carried on is almost wholly pathological, and but little effort is made to cultivate the finer methods of clinical investigation. In the newer German asylums which we visited, we may especially mention Herzberge, Wuhlgarten, and Uchtsprunge, we were shown rooms abundantly fitted up with elaborate apparatus of all kinds for investigating the great problem of insanity as well from the clinical as from the pathological side, and we were favourably impressed with the evident earnestness with which work of this sort was prosecuted by the medical staff. In the great majority of our English asylums much of the apparatus which we saw in Germany is practically non-existent. It must be recognised, however, that a large medical staff alone renders work of this kind possible, and as our asylums are at present staffed, the time of our medical officers is for the most part too much taken up with routine work to permit of much being done in this direction.

We would also call attention to the extensive manner in which what is called the "bed-treatment" of insanity is carried out in the German asylums. We were repeatedly struck in going through the asylums with the large number of patients kept in bed, not for bodily diseases, but by way of treatment of their mental condition. Thus, at Herzberge asylum, it appears from the annual report that on an average about nine per cent. of the inmates are kept in bed

daily with this object, and the impression which we received in going through some of the other asylums was that the proportion was at times even higher than this.

More than one of the physicians expressed to us his sense of the value of this treatment—a value which we do not attempt to dispute in certain cases; but we cannot but think that in German asylums the system is carried out to a somewhat inordinate extent.

We do not propose to discuss the family treatment of the insane, either in free colonies like Gheel, or boarded out as in Scotland and Berlin, but will confine our attention to the respective merits of asylum treatment in large aggregated asylums and in segregated or villa colony asylums, as that, we consider, is the point at issue. Sides have been taken and much has been advanced, both pro and con, but no one, we think, has ever argued that patients living in crowds under one roof are likely to be happier than in small scattered communities.

The conditions in a large asylum are too abnormal, and the departure from all the conditions of ordinary domestic life too abrupt and too vast to be conducive to real comfort and happiness. Any one, we imagine, with sufficient reason to appreciate his surroundings, would prefer to live in a small circle, rather than in enforced association in bulk with many uncongenial companions.

A partial separation in detached pavilions is a step in the direction of the recognition of this. But a pavilion, if at all a large one, is still a miniature asylum, and brings together in close contact too many to be really home-like.

The idea of a *home* is, in fact, at the bottom of the villa colony system. By more complete subdivision and classification those whose tastes, habits, interests, and occupations are similar might be enabled to associate and live together apart from others; thus farm labourers would live and work together near the farm, artisan patients near the workshops, laundry patients near the laundry; kitchen, sewing, and garden workers the same. And as regards personal characteristics and mental disease, the clean would not be compelled to mix with the the wet and dirty, or the quiet with the noisy, whilst epileptics, paralytics, sick, infirm, and excited cases would receive that sorting out and specialized treatment which their cases require. The various congeries of an asylum would be divided, as it were, into separate congruous units.

As regards the staff of attendants, it does not admit of doubt that the division of attention among many tends to lessen their personal and individual interest in the patients, while the more concentrated attention to a few in a small house, and a healthy rivalry between different houses would be likely to rouse feelings of interest in their charges individually which are unknown under the conditions of large wards in large asylums. Not only is individual interest of an attendant in his patients likely to be of value, but individual interest of the patient in himself is of importance.

The great tendency of lunatics in asylums is towards dementia.

Individuality is lost in a crowd, and the increasing loss of the sense of individuality in a lunatic goes *pari passu* with a loss of initiative and of mental energy, in short, of mind.

It is our opinion that something of this loss might be stayed by appeals to the personal initiative of a patient, and we think it likely such appeals might be more successfully made to patients living under a nearer approach to normal conditions, by attendants familiar with their patients, through living intimately and constantly in contact with them in smaller groups. The experience of Alt-Scherbitz is that the smaller the groups the better.

As to this, economical considerations must have some weight, but it would be possible to modify and vary the size of the groups or units according to circumstances. The balance of economy in first cost seems to us to be on the side of the segregated villas, or those mixed asylums where villas form a considerable feature, as compared with the large block and detached pavilion asylums.

There appears to be little difference in the cost of maintenance between the two. Dr. Paetz claims indeed, and we are not aware that his figures are disputed, that the cost of maintenance at Alt-Scherbitz is lower than the average of the other German asylums.

Two great advantages of the villa type are, first, a small part may be erected and occupied bit by bit before the completion of the whole. Second, in case of enlargement a villa or villas can be added as required from time to time, without any disturbance of existing arrangements.

It has been said that the plans of the villas at Alt-Scherbitz do not meet the requirements of the English Commissioners in Lunacy. They do not, but the modifications which would be required, such as provision for attendants' sleeping, for constant supervision of epileptics, and so forth, are not really so important that they would materially affect the cost. The point does not affect the general question at all.

It has also been urged that the class of patients who live in the villas at Alt-Scherbitz, for instance, are of a quiet chronic class, such as would be boarded out in Scotland. Very likely many are, but it should be noted that for every four patients at Alt-Scherbitz in the villas there are five in the closed or half closed buildings of the central asylum, where the acute and turbulent cases are treated, and that in most of our asylums the proportion of chronic patients who are orderly and quiet under reasonable supervision is large.

This brings up the question of the open door system. The numbers of escapes mentioned in our description of the various asylums shows a proportion, as in Scotland in those asylums where the open door system prevails, in excess of what is usual in our English asylums.

This is indeed what might have been anticipated, but whilst it points to the necessity of careful selection of the patients to whom special liberty is allowed, it is a point upon which it is possible to lay too much stress.

The question to be decided however at present is not so much that of open doors *v.* closed doors, as that of the pavilion system *v.* the villa colony system of asylum architecture. In asylums built entirely on the latter plan, some of the villa houses must almost of necessity be worked with locked doors, as witness the "closed division" at Alt Scherbitz, and the number of

"villas" in an asylum of this sort which might with safety be worked on the open-door system might well be left for experience to determine.

The question of suicides and accidents, more especially accidents to epileptics, is a more important one, and one somewhat difficult to determine by statistics. It did not appear to us, however, from the enquiries we made that such occurrences were any more frequent in asylums in Germany constructed on the villa-colony system than in those built upon the old lines in the same country. Direct comparisons between English and German asylums in these respects cannot profitably be made, as various circumstances come in to vitiate any conclusions that might be drawn. Thus, the night supervision of the patients is much less developed in the German asylums than in those in this country. In Germany the attendants sleep in the same rooms with the patients, and whilst there are in addition night attendants who go regular rounds, there is nothing like the same proportion of attendants on duty in the wards all night as obtains in most of the asylums in this country, and hence there is a greater liability to accidents.

The suggestion that too much classification would be more likely to be harmful than beneficial is absurd. The classification of the patients in such an asylum, as in fact in any, would be that which experience showed to be the most suitable and convenient. Schemes of classification should not be either too binding or too hard and fast. We found in Scotland, *e.g.*, in the acute hospital asylums, that the best laid schemes of classification were not rigidly adhered to. It is a matter for common sense and experience.

The spreading out of an asylum in detached buildings covering a large space has been urged as an objection. But, as it is impossible to eat one's cake and have it, it is equally impossible to segregate patients and not cover more ground. This is to a large extent a question of the number of patients to be accommodated. There is no objection to the spreading out of the buildings over a greater extent of ground, unless the numbers of patients to be accommodated is so great as to make adequate supervision difficult or impossible. It does not seem a serious objection that, just as the patients themselves would have to go into the open some distance to go from house to house, or to church, or to the recreation building, and so on, the medical staff would have to visit from house to house, as, in fact, the vast majority of medical men have to do.

It is not to be apprehended that any serious consequences would arise from this cause. On the contrary, it might naturally be expected that the visiting of a variety of houses and communities would have a good effect upon the medical staff. The daily round of the wards in the asylum is apt to grow monotonous and pall.

It would have a good effect upon the patients to have the variety of having to dress and go out to church or to a party, &c.

Regarding supervision, the medical inspection could be assisted by well paid supervisors, male and female. The supervision of the attendants who are on duty at night presents difficulties, and some of the rounds of the night inspectors, usual in our asylums, might have to be dispensed with, and more reliance placed upon electric tell-tale or other contrivances.

We have found in the course of our enquiries that sexual accidents or suicides were not serious dangers, even in the open door asylums, and the test of cost of maintenance shows no increased charge due to difficulties of distribution. The whole aim of villa colonies should be to approximate their conditions to those as nearly normal as possible, and none of us do our shopping or go to church as a rule under the shelter of covered corridors. If the surroundings of the colony are cheerful, as at Alt-Scherbitz, there is nothing to depress the spirits as there might be in the sight of large unsympathetic wards and corridors.

Sanitation is an important matter. If insanitary conditions arise in a great building it is difficult both to locate and to eradicate them, but how much easier in a relatively small villa. It is not necessary to suggest in which class of structure such conditions are most likely to arise. Nothing, further, is more insanitary than the massing of human beings together in a limited area. The more they are spread out, as a question of sanitation, the better. *Inter alia* the proportion of oxygen per head and its constant renewal are more certain.

It is probable that for a large proportion of the present inmates of our asylums very strict restraints are unnecessary. But because they are necessary for some all must submit.

Employment should be varied, and it is natural to expect that more and more varied occupations could be introduced into a community scattered into numerous units than into the same community if massed together. The personal care and watchfulness of the attendants in charge of various villas would be a living safeguard of more value to the physicians than the mechanical watchfulness of attendants accustomed to depend merely upon locks and keys.

Dr. Paetz remarks, and we concur, that the former is weakened by the latter. Not only this, but in the big wards responsibility is much divided, and there cannot be the same personal feeling.

It does not follow that because the patients are segregated a larger staff or proportion of attendants is necessary. The proportion of attendants is determined in any asylum by the requirements and character of the patients.

Where the patients are of the acute class a larger proportion is required than where they are quiet and chronic.

We do not see, however, that there need be much difference in proportion between a corridor-pavilion and a villa colony asylum in this respect.

In the case of an asylum such as is proposed, one, namely, chiefly for epileptics, a large staff of night attendants would be required, which would be an item in the cost of administration; but this would be an expense incidental to the class of patients to be provided for.

Regarding the distribution of the food, which was a point about which we had ourselves felt difficulty, we found no complaints in any of the asylums we visited of any inconvenience

being experienced, and it must be distinctly remembered that we found the same system prevailing in detached pavilion asylums like Herzberge and scattered villa asylums like Uchtsprünge, namely, a central kitchen. In a large block or pavilion asylum, where there is no central dining hall, the food would probably have to be carried some distance by hand or in trays, or by a hand cart. In practice, it seems to be just as easy to send it round by a horse-wagon or in a cart drawn by patients, though we think that for a large asylum the horse-wagon would be preferable as being quicker, more convenient, and more suitable for all weathers. It is possible, however, that a system of tramways, electric or otherwise, might be better still.

On the whole, then, we may say that we were very favourably impressed with the villa-colony system as we observed it in Germany, and we would definitely recommend the Board to adopt this principle of construction for the projected new asylum. We think that the original suggestion may well be carried out, namely, that the asylum be built entirely for epileptics and imbeciles, with special reference to the needs of the former class, which would supply the greater number of the inmates. We think that provision should be made for all classes of epileptics, preference being given, however, to those capable of a certain amount of work in order that the beneficial effects of colony life might receive full scope. As the blocks were finished patients of this class could be transferred to them from the existing County Asylums, thus setting free accommodation there which would be available for other cases, whilst the more helpless and degraded epileptics could be sent to Winwick.

We see no necessity for a large central institution in connection with the "villas," but we would recommend that all the buildings be of the villa type, and that no one building contain more than 50 patients—in fact we think that the majority should contain less than this number, say from 25 to 40 each. We would further recommend that in the first instance the asylum be planned to accommodate 1,000 patients, the administration departments being so arranged as to allow for possible extensions. As a guide to the number of epileptics to be provided for at first, we append a table showing the number of patients of this class who are at present (July, 1900) inmates of the four County Asylums, distinguishing between those who are capable of work in some degree or other and those totally unfit for any kind of employment.

As regards the amount of land required we do not agree with the recommendations of an American State Commission, which considered that there should be not less than 500 acres of land for an asylum of 1,000 patients. We believe, that for an asylum of the character and size we are recommending, an estate of 250 acres would be sufficient. This amount might be increased to 300 in view of the possibility of future extensions, and because it has been found that when insufficient land has been provided in the first instance, it is always more difficult to procure and dearer if wanted afterwards.

We shall not, at the present time, enter into any details as to the planning of the villas

or their division for various classes of patients. We agree with Dr. Herting (See report on Galkhausen asylum) as to the desirability of making a complete separation between the male and the female colonies, and as to keeping the various houses reasonably far apart, and at some distance from the public road, but these and many other details may be reserved for future consideration.

We advise as general models the four asylums, Alt-Scherbitz, Uchtsprunge, Wuhlgarten, and Galkhausen.

It would be wise, we think, for the Board to select an architect in the first instance, and to appoint him, on terms to be agreed upon, to be architect for the new asylum. Before commencing any plans he should be sent to visit the selected asylums, and a small committee should be appointed to consider and settle the proposed plans with him. These would thereafter be submitted to the Board for approval.

There is a rule of the Association of British Architects, we believe, respecting architects' remuneration for what is called repetition work, and we need hardly remind the Board that in a villa colony asylum, such as we propose, there would be a good deal of repetition work.

Probably there are few members of the Board who are not convinced of the necessity of proceeding at once with the sixth Lancashire asylum. The demands for a fifth asylum were staved off so long, and there has been so much delay in its completion that a great accumulation of cases has been going on, and it is expected it will be filled up very rapidly. In the meantime no relief will have been given to the four old asylums, which are full and congested, and the accumulation must again go on while the sixth asylum is being planned (a site having previously to be looked for) and then built. It should be realised that the Board is under a statutory obligation to provide sufficient asylum accommodation, and that this obligation may be enforced. To us it seems reasonable that the asylum accommodation in this or any other county should be a little ahead of the demand, and not dragged laggingly behind. The following table shows the annual aggregate addition to the burden of lunacy in the county which must be borne:—

TABLE SHOWING THE NUMBER OF LUNATICS IN LANCASHIRE, TOGETHER WITH THEIR PLACES OF RESIDENCE, AND THEIR ANNUAL INCREASE FOR EACH YEAR SINCE 1859.

DATE.	In County Asylums.	In Licensed Houses and Out-County Asylums.	In Royal Albert Asylum.	With Friends.	In Work-houses.	Total.	Annual Increase.
January 1st,							
1859.....	1587	156	...	265	1057	3065	...
1860.....	1607	202	...	317	1100	3226	161
1861.....	1777	30	...	351	1228	3386	160
1862.....	1884	61	...	388	1372	3705	319
1863.....	1887	133	...	417	1464	3901	196
1864.....	2186	14	...	427	1519	4146	245
1865.....	2299	17	...	370	1530	4216	70
1866.....	2403	54	...	343	1578	4378	162
1867.....	2514	76	...	343	1704	4637	259
1868.....	2605	114	...	335	1765	4819	182
1869.....	2651	164	...	309	1991	5115	296
1870.....	2679	227	...	329	2140	5375	260
1871.....	2687	294	...	294	2193	5468	93
1872.....	2695	388	4	289	2325	5696	228
1873.....	2813	330	9	250	2457	5859	163
1874.....	3017	237	11	261	2470	5996	137
1875.....	3328	146	16	244	2569	6303	307
1876.....	3659	32	11	226	2506	6434	131
1877.....	3861	25	15	201	2522	6624	190
1878.....	3986	86	18	191	2649	6930	306
1879.....	4161	60	27	188	2618	7054	124
1880.....	4175	155	29	178	2778	7316	262
1881.....	4247	163	51	177	2683	7321	5
1882.....	4316	232	54	174	2726	7502	181
1883.....	4580	135	55	188	2748	7706	204
1884.....	5221	108	54	178	2469	8037	331
1885.....	5815	34	55	172	2102	8178	141
1886.....	5968	27	59	169	2153	8376	198
1887.....	6030	23	57	177	2258	8545	169
1888.....	6242	5	63	149	2317	8776	231
1889.....	6607	8	59	158	2314	9146	370
1890.....	6865	6	69	161	2343	9444	298
1891.....	7117	6	74	156	2138	9491	47
1892.....	7301	7	77	161	2179	9725	234
1893.....	7667	16	81	160	2150	10074	349
1894.....	7833	43	69	162	2272	10379	305
1895.....	7973	31	64	149	2345	10562	183
1896.....	8019	39	86	175	2433	10752	190
1897.....	8271	33	88	178	2480	11050	298
1898.....	8372	44	97	184	2591	11288	238
1899.....	8704	38	96	186	2665	11689	401
1900.....	8655	125	106	177	2807	11870	181

The average annual increase, taking the whole period, is 209'5, and assuming five years are required to make a sixth asylum ready for occupation, nearly 1,000 patients would again be ready to enter and partially fill it.

The above period includes 42 years, the average annual increase for the first 20 years was 193'25; for the second twenty, 218; for the remaining, *i.e.*, the last two years, 291. The annual rate of increase appears, therefore, to be an increasing one.

TABLE SHOWING THE NUMBER OF EPILEPTIC PATIENTS IN THE COUNTY ASYLUMS IN THE MONTH OF JULY, 1900.

	Capable of Working in some degree.			Totally Incapable.			Both Classes together.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Lancaster	46	89	135	60	110	170	106	199	305
Prestwich	69	84	153	43	61	104	112	145	257
Rainhill	92	80	172	47	62	109	139	142	281
Whittingham	65	57	122	73	58	131	138	115	253
Grand Total.....	272	310	582	223	291	514	495	601	1,096

